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Agenda

HIV Health Services Planning Council
January 9, 1995

4:30-PM

25 Van Ness Av, 3rd Floor

4:30-PM	**Roll Call.**	
4:35-PM	**Review and Approval of Minutes of December 12, 1994, and the Agenda of January 9, 1995.**	
4:40-PM	**General Announcements.**	
4:50-PM	**Public Comment.**	
5:05-PM	**Chairpersons' Reports.**	Ms. E. Garcia, Mr. Nickens, Mr. Lew
5:15-PM	**Subcommittee Reports.**	
5:25-PM	**Review of allocation decisions for anticipated FY 1995 funds to prioritized service categories.**	Jan Gurley, MD
5:45 PM	**Presentation on development of an Access database for the AIDS Office, the HRSA Uniform Reporting System pilot project, and the creation of a centralized client information, intake and referral system.**	Jan Gurley, MD
6:30 PM	**Discussion of Planning Council retreat January 20-21, 1994.**	Norm Nickens
6:45 PM	**Update on status of CARE and HOPWA in President's budget, and other legislative issues.**	Mike Shriver
7:00 PM	**Review of findings from this year's strategic monitoring process, focusing on Buddy/Companion programs.**	Mitch Katz, MD
7:30 PM	**Distribution of draft Comprehensive Plan for HIV Services, for final review.**	Bill Haskell
7:45 PM	**Adjournment.**	

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Attachments (Public Posting & Members' Copies)
(1)S.F. AIDS Foundation, *HOPWA saved (for now); Ryan White CARE Act Numbers Released.*
(2)AIDS Action Network *Alert, HOPWA has been saved -- for now* (12/22/84).

Next Meetings: January 9 & 23, 1995

The Council meets on the second and fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. Minutes of meetings and all Information distributed to the Council Members are available for Inspection and copying. For further Information, call the Council's Staff, 554-9549. ***Minutes of Meetings are tentative until formally approved by the Council.***

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AIDS ACTION NETWORK **ALERT**

1075 Connecticut Avenue, NW • Suite 700 • Washington, D.C. 20009
(202) 986-1300 • fax (202) 986-1345 • E-Mail (via Handsnet) HN 3384

HOPWA Has Been Saved -- For Now

December 22, 1994

Thanks to all your hard work, the President has apparently decided not to eliminate the HOPWA program, for the time being at least. The President is reportedly planning to include funding for HOPWA in his FY 96 budget request to Congress next year, and we understand that current proposals to block grant HUD programs call for maintaining HOPWA as a separate program for a transition period through 1998.

Now the battle really begins. When the new Congress convenes in early January, we will be facing major efforts to slash HUD programs and funding even more than the President has already proposed. It is critical that you start writing and calling your Senators and Representatives NOW. Tell them how important HOPWA is to your community, and that you expect them to support HOPWA next year.

- Explain what HOPWA is -- a formula-funded, flexible program that gives local communities desperately needed resources AND local control over the use of those resources to meet the local housing needs of people with AIDS -- and what HOPWA funds specifically do in your community. Invite them to come and visit the housing provided by HOPWA, to see how important this program is.

- Tell them that proposals to eliminate HOPWA and to create a super-block grant are just dumb. HOPWA is one of the few existing HUD programs that *already* provides the supposed benefits of block grants: formula funding to cities and states based on need, funding that cities and states decide how to spend.

- Remind them that Congress created the HOPWA program in 1990 because other block grant programs (like CDBG) failed to respond to the needs that cities and states have for specific resources and flexible programmatic guidance to enable them to address the housing crisis that the AIDS epidemic poses locally.

- Tell them that simply listing AIDS housing as an eligible activity for funding under a block grant will neither ensure that needs are addressed on the local level nor provide sufficient resources and guidance to enable localities to address those needs. Eliminating HOPWA will reduce resources to cities and states and increase local competition for those resources, while undoing years of local planning and development.

HOPWA is definitely on the chopping block. Only we can keep the axe from falling. We stopped the Administration from killing HOPWA, and we can stop Congress from killing it as well, if we act now!!!

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S.F. AIDS FOUNDATION/BAY AREA HIV ADVOCACY NETWORK

HOPWA SAVED (FOR NOW)
RYAN WHITE CARE ACT NUMBERS RELEASED

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WASHINGTON (AP) -- The Clinton administration, despite tight budget constraints, will seek $91 million more next year to care for people with AIDS, officials said Tuesday. The administration also has decided not to kill a special housing program for those suffering with the disease.

President Clinton, who has already boosted spending on the Ryan White programs by 82 percent, will seek an increase to $724 million for fiscal 1996, administration officials said. That is $51 million more than his health department requested.

Intense lobbying by AIDS groups on the outside and Housing Secretary Henry Cisneros and AIDS policy director Patsy S. Fleming on the inside has persuaded Clinton's budget office to back off a proposal to stop[funding a $186 million housing assistance program.

The Office of Management and Budget wanted to wipe out the Housing Opportunities for Persons with AIDS program and switch some of the funds to block grants for areas hardest hit by the deadly epidemic.

Clinton promised during his 1992 campaign to fully fund the Ryan White Act, which provides direct medical and social services to people living with the HIV virus or full-blown AIDS. It is named for a hemophiliac Indiana teenager who battled discrimination at school and died of AIDS in 1990.

The Department of Housing and Urban Development was one of the agencies targeted by Clinton on Monday for $24 billion in spending cuts over five years to help pay for tax cuts for the middle class. HUD hopes to save $800 million by consolidating 60 housing programs into three big grant programs.

The administration is still preparing the fiscal 1996 budget it will submit to Congress in February. The Associated Press obtained details of the OMB's so-called budget "pass-back" to the Department of Health and Human Services.

Other sources, who asked not to be identified, said the housing program had been pulled off the chopping block. It will still have to fight for survival in Congress, where the Republicans favor shifting dozens of programs into block grants, which provide federl money with fewer restrictions on how it must be spent.

Advocates of the block grant approach contend it would eliminate layers of bureaucracy and allow state and local officials to spend the money as best they see fit. Critics contend block grants are easier to cut and may overlook those with special needs.

Congress enacted the special housing programs in 1990 out of concern that victims of AIDS were being shut out of other housing programs for the disabled.

The AIDS Action Council says that one-third to one-half of all people with AIDS "are either homeless or in imminent danger of losing their homes," and the National Commission on AIDS once estimated that 15 percent of homeless people were HIV positive.

Most of the $186 million for the housing assistance program is awarded to 20 states and 34 cities with large AIDS caseloads.

HUD also recently awarded $26 million for housing projects of national significance, such as a New York program, Housing Works, Inc., that is building an innovative residence and adult day health care program, and special services for infected prison parolees offered by the Tarzana, Calif., Treatment Center.

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HIV Health Services Planning Council
Minutes of Meeting --- January 9, 1995

I. **Roll Call**[1]

II. **Review and Approval of Minutes of September 26, 1994, and the Agenda of October 17, 1994.**

Lacking a quorum, the Minutes of December 12, 1995, were not reviewed. They will be corrected to show that Ms. Fraser was present at that meeting.

III. **General Announcements**

Mr. Haskell: 1,671 persons enrolled with CHIPS, for placement on the AIDS housing waiting list. Conversion of current lists to the CHIPS database will be completed on January 16. Training will be held on January 11 and 12. Up to 700 housing units will be involved. Next month 250-300 HOPWA subsididies will be available. This open enrollment should reduce pressure on the access sites, which will begin to operate in February. $150,000 in CARE* funds that CHIPS received was insufficient. Considerable time was expended soliciting other sources of funds and volunteer time to complete the project. *Mr. Lew:* Since this is a model for the Centralized Information & Referral system, the Council should provide adequate funding.

IV. **Public Comment.** See Item 11, *infra.*

V. **Chairpersons' Reports.**

Mr. Lew: The co-chair position should be more defined, and the Council should focus on efficiently integrating its new Members. *Ms. Estela Garcia:* The Council should increase its community involvement.

VI. **Subcommittee Reports**

Mr. Nickens: The Bylaws Subcomittee met in December. Three Members and three individuals from the public attended. Members will receive a draft of the proposed revision next week. Many changes incorporate related resolutions of the Council. The major change is the addition of "Appeals" and "Grievance" processes. The Prevention Council bylaws are a fine model for the Council's consideration.

Mr.Lew: The Long Range Planning Subcommittee met in December and reviewed the Five-Year Comprehensive HIV Services Plan. The timeline for the Task Force on Collaboration is impractical. The Subcommittee will reabsorb the taskforce and assume its work. Items such as the definition and ideal parameters of consolidation and collaboration will be discussed at the Council's forthcoming retreat.

VII. **Review of allocation decisions for anticipated FY 1995 funds to prioritized service categories.**

Members received a spreadsheet incorporating the Council's most recent allocation decisions. *Dr. Gurley:* Some items have different percentages, For administrative efficiency certain programs are included in the service category where most of an agency's programs belong. For instance, housing services delivered by a provider that mostly contracts for substance abuse services have been included in the latter category, but should be extrapolated and included under "Housing." This does not affect the percentage of CARE* funds allocated to each category. The only reduction will be the "Planning Council Support" line. Some Council decisions need clarification and must be "revisited" by the Council.

VIII. **The development of an Access database for the AIDS Office, the HRSA* Uniform Reporting System pilot project, and the creation of a centralized client intake, information and referral system.**

Dr. Gurley: By October 1995, the AIDS Office database and the Centralized Client Intake, Information and Referral System will be functional, and the Uniform Reporting System operative at 14 CARE* agencies. Budgets and deliverables will be presented at the next meeting.

IX. **Discussion of Planning Council retreat January 20-21, 1994.**

The orientation session for new Members will be held at the AIDS Office on Friday, January 20, from 1-4-PM. All are invited. Members who have not attended one are urged to attend. The co-chairs stressed the need for new Members to be fully informed of all factors affecting policy formation and services review, since the Council must now react to static CARE* funding.

X. **The status of CARE* and HOPWA* in President's budget, and other legislative issues.** Continued to the next meeting.

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XI. Review of findings from this year's strategic monitoring process, focusing on Buddy/Companion programs.

Dr. Katz distributed and reviewed a study of Buddy/Companion programs.[2] This category is slated for a reduction in FY 1995. The nine providers now receive $855,000. Three were comprehensively monitored in 1993-94. None are on probation or in the rebidding process. None of the programs are new. Generally their funds are being expended on schedule.

Representatives of several providers discussed their programmatic objectives and commented on the AIDS Office study. Ms. Antigone Hopkins (Bay Positives) noted that this was the first year they received direct CARE* funding, and the three months' delay in certifications delayed their startup that long. The Home Care Companions representative urged the agency's transfer to the "Home Health Care" service category.

The Members agreed that providers should be involved in discussion of major changes in contracts and procedures. The divergency between agencies in cost and deliverables emphasizes the need to address standards for units of service("UOS") and to adopt more precise definitions and prioritization.

The Evaluation Subcommittee will use this information when formulating recommendations for program collaboration, standarized units-of-service, etc. The full Council will look at several more service categories in depth. The next topic will be a service category that will receive increased funding, and for which the AIDS Office has the most information. Members requested that future studies (1) indicate how much non-CARE* funds are used in CARE* programs, and how this affects the cost per UDC or UOS that the agency bids; (2) the actual cost of UOS after agency overhead charges are subtracted; (3) the effect of the various AIDS Office recommendations on service deliverables.

Dr. Katz: We are leaving the time of growth, when the Council's main objective was to formulate and try a range of different service modalities, and get these out to the community as quickly as possible. Now that CARE* funding is static, and there is increased competition for funds, the focus must turn to specifics.

XII. Distribution of draft Comprehensive Plan for HIV Services, for final review.

Mr. Haskell distributed the latest version of the Plan's goals, objectives and activities. Members should fax or phone any suggested modifications to him by Januyary 17. Although their "systemwide goals" are identical, each county of the EMA* has different goals and objectives for the various service categories, and these are separately listed. AIDS Office staff will do most of the required activity. "Volunteers" usually refers to Council Members, but also includes community members with expertise in specific areas.

XIII. Adjournment: 8:00-pm.

NOTES

1. Roll Call Quorum: *None* √ = *Present;* **A** = *Absent;* **E** = *Excused Absence;* **L** = *Leave of Absence*

Estela Garcia *(Chair)*	√	Marcy A. Fraser	√	Bill Hershon	√	Janet Nassar	A	Mike Shriver	A
Norm Nickens *(Chair)*	√	Linford Gayle	√	Danny Joe	√	Bob Nelson	A	Laura Thomas	A
Steve Lew*(Chair)*	√	Barbara Garcia	√	Susan Karp	E	Carmen Portillo	A	Rita Times	√
Steve Burns	A	Jaime Geaga	√	Jon Henry Kouba	A	Steve Roger	√	Jerry Windley	A
Pat Christen	A	John Gressman	E	Gerald Lenoir	A	Geoffrey Sackett	L	Mary Jane Wood	√
Gene Copello	A	Chris Hall	E	Gifford S. Leoung	A	Sean Sasser	A		
Mariam Farooq	L	Lester Hanson	A	J.B. Molaghan	√	Rudy Servin	√		

STAFF: Michelle Dixon, Bill Haskell, Mitch Katz, Russ Zellers, Charles Brand

2. Russ Zellers to Council Members [Memo]: *Buddy Companion Contracts*, 1/9/95, 6 pp..

GLOSSARY:

CARE	The Federal *Comprehensive AIDS Resources Emergency*, or Ryan White Act, the major source for funding AIDS services.
EMA	*Eligible Metropolitan Area*: an urban area eligible to receive CARE** Title I funds. The "San Francisco EMA" consists of the counties of San Francisco, Marin and San Mateo.
HOPWA	*Housing Opportunities for Persons with AIDS*, a Federal program to assist in funding housing programs for HIV/AIDS clients.
HRSA	*Health Resources and Services Administration*, the Federal agency administering CARE** programs.

CALENDAR

January 12	Long Range Planning Subcommittee *(5-PM*
January 18	Bylaws Revision Committee *(5:30-PM)*
January 20	Orientation for new Council Members *(2-PM)*
January 23	Planning Council meeting *(4:30-PM)*
February 13	Planning Council meeting *(4:30-PM)*
February 27	Planning Council meeting *(4:30-PM)*
March 11	Planning Council retreat (*tentative*)

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Agenda

HIV Health Services Planning Council
January 23, 1995

4:30-PM to 7:55-PM
25 Van Ness Avenue, Third Floor

4:30-PM	I.	**Roll Call**
4:35-PM	II.	**Review and Approval of Minutes** of December 12, 1994 and January 9, 1995, and the Agenda of January 23, 1995.
4:40-PM	III.	**General Announcements.**
4:50-PM	IV.	**Public Comment.**
5:05-PM	V.	**Chairpersons' Reports.** *(Ms. E. Garcia, Mr. Lew, Mr. Nickens)*
5:15-PM	VI.	**Subcommittee Reports.**
5:30-PM	VII.	**Further review of allocation decisions for anticipated FY 1995 funds to prioritized service categories, including their impact on Planning Council Support.** Continued from January 9, 1995. *(Dr. Gurley, Dr. Katz)*
6:15-PM	VIII.	**Cost projections for the Access database, the Uniform Reporting System pilot project, and the Centralized Intake & Referral system.** *(Dr. Gurley, Dr. Katz)*
6:45-PM	IX.	**Scheduling the 1995 Planning Council retreat.** *(Norman Nickens)*
6:55-PM	X.	**The CARE*-funded Mental Health Therapy and Counseling programs.** Review of findings from the 1994 strategic monitoring process. *(Dr. Katz, Russ Zellers)*
7:55-PM	XI.	**Adjournment.**

Next Meetings: January 23 -- February 13 -- February 27

Glossary: CARE - The Federal Comprehensive AIDS Resources Emergency, or Ryan White Act, the major source for funding AIDS services.

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HIV Health Services Planning Council
Minutes of Meeting - *January 23, 1995*

I. Roll Call[1]

II. Review and Approval of Minutes and Agenda.

The minutes of December 12, 1994 and January 9, 1995, and the Agenda of January 23, 1995, were approved.[2]

III. General Announcements.

Mr. Lew: Former Member Reggie Williams is seriously ill. He needs the financial support of Members and friends. Mr. Lew can transmit assistance to him.

IV. Public Comment.

Mike Geraughty of Hospice By The Bay said that construction of the Leland Avenue Residence facility in Visitation Valley is almost complete. Their license application has been approved. Twenty of the 50 units will be for AIDS clients who are terminally ill and require hospice care. The $1,600,000 they raised has been absorbed by the construction phase, and they will have a $300,000 shortfall in their first year of operation. Hospice By The Bay is also interested in maintaining constructive community dialogue. Mr. Nickens noted that they will meet Friday with the AIDS Office to discuss their funding needs.

V. Chairpersons' Reports.

Mr. Nickens: The January 20 orientation for new Members went well. Another session will be held for new Members who have not yet attended one. Participants suggested further discussion of parliamentary procedure and conflict of interest. These may be agenda items at the March 11 (Saturday) all-day retreat for the full Council.

VI. Subcommittee Reports.

- *Mr. Nickens:* (**Bylaws Subcommittee**): Council Members will receive final drafts of the proposed modified Bylaws, and the Grievance procedure.
- *Dr. Katz:* The **Evaluation Subcommittee** discussed possible guiding principles for standardizing costs in all service categories. Further discussion is necessary, since there still are to be too many specifics to permit an efficent review. They will complete their analysis of the Buddy/Companion, Mental Health, and Substance Abuse Treatment categories and then extrapolate general guiding principles. Contractors will then be approached for input.
- *Mr. Lew:* The **Long Range Planning Subcommittee** discussed scenarios for implementing the *Comprehensive Five-Year HIV Services Plan.* HRSA* indicates that the EMAs* are not competing with their plans, which are basically for each EMA's* guidance. Five EMAs*, including San Francisco, will discuss their plan in Washington. The subcommittee must clarify its role in monitoring implementation of the *Plan.* The subcommittee will coordinate with the AIDS Office to anticipate the need for new working groups and task forces.
- *Mr. Nickens:* Attendance at Planning Council meetings was discussed. Regardless of how the current Bylaws are modified, some may not be able to meet minimum attendance requirements. The **Membership Subcommittee** should meet to discuss filling probable vacancies.

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VII. Review of allocation decisions for anticipated FY 1995 funds to prioritized service categories, including their impact on Planning Council Support. Continued from January 9, 1995.

Dr. Katz: The elimination of the allocation for "Planning Council Support" resulted in the loss of 5.5 positions from the AIDS Office to meet the Formula budget. The final Supplemental allocation might require elimination of another 5 positions. These are in addition to the budgeted positions that were not filled, because the fiscal situation was anticipated. The AIDS Office hopes that new information systems and other efficiencies will reduce the impact of staff reduction. However there will be an impact on planning and analysis related to Planning Council activities. Currently there are 43 special projects under consideration. The Council should prioiritize these. *Ms. Fraser:* The full Council should review and prioiritize these and formally endorse its list.

VIII. Cost projections for the Access database, the Uniform Reporting System pilot project, and the Centralized Intake & Referral system.

Dr. Katz distributed and reviewed the budget and deliverables for the three projects.

IX. Scheduling the 1995 Planning Council retreat.

The full Planning Council retreat will be held on Saturday, March 11, 1995, from 10-AM to 4-PM.

X. Review of Monitoring Findings for CARE*-funded Mental Health Therapy and Counseling programs.

Dr. Katz distributed and reviewed Russ Zellers' analysis of the agencies within this category. Since agency revenue from non-CARE* sources is not universally collected, it is not included. The AIDS Office recommendations are similar to those for Buddy/Companion Services. There is much less of a disparity of cost/UOS, but the Council might review the percentage allocated to different types of services within the category. *Mr. Geaga:* There are too many variables to absolutely standardize cost/UOS within each category or sub-category. The Council should consider setting a *cap.* Staff of various Mental Health agencies addressed the Council.

XI. Adjournment: 7-PM.

NOTES:

1. Roll Call **Quorum:** 4:45-PM √ = *Present;* A = *Absent;* E = *Excused Absence;* L = *Leave of Absence*

Estela Garcia *(Chair)*	√	Marcy A. Fraser	√	Bill Hershan	√	Janet Nassar	√	Mike Shriver	A
Norm Nickens *(Chair)*	√	Linford Gayle	√	Danny Joe	√	Bob Nelson	√	Laura Thamas	√
Steve Lew *(Chair)*	√	Barbara Garcia	√	Susan Karp	√	Carmen Partilla	E	Rita Times	√
Steve Burns	√	Jaime Geaga	√	Jon Henry Kauba	A	Steve Roger	√	Jerry Windley	√
Pat Christen	A	John Gressman	√	Gerald Lenair	√	Geaffrey Sackett	√	Mary Jane Wood	√
Gene Copella	A	Chris Hall	√	Giffard S. Leaung	√	Sean Sasser	√		
Mariam Farooq	L	Lester Hanson	A	J.B. Malaghan	E	Rudy Servin	A		

STAFF: Valerie Darr, Teri Dowling, Bill Haskell, Mitch Katz, Russ Zellers, Charles Brand

2. Mr. Burns, Mr. Hall, Mr. Nelson, Ms. Thomas, and Ms. Times abstained.

Glossary:

CARE	The Federal *C*omprehensive *A*IDS *R*esources *E*mergency, or Ryan White Act, the major source for funding AIDS services.
EMA	*E*ligible *M*etropolitan *A*rea: an urban area eligible to receive CARE* Title I funds. San Francisco EMA includes Marin and San Mateo counties.
HOPWA	*H*ousing *O*pportunities for *P*ersons with *A*IDS, a Federal program to assist in funding housing programs for HIV/AIDS clients.
HRSA	*H*ealth *R*esources and *S*ervices *A*dministration, the Federal agency administering CARE* programs.

CALENDAR:

January 30	Long Range Planning Subcommittee *(5--7 -PM).* TOPIC: COLLABORATION & CONSOLIDATION.
February 13	Planning Council meeting *(4:30-PM)*
February 27	Planning Council meeting *(4:30-PM)*
March 11	Planning Council retreat

HIV Health Services Planning Council

February 13, 1995

25 Van Ness Avenue, 3rd Floor, 4:30-pm to 7:50-PM

Agenda

I. **Roll Call.**	4:30-PM
II. **Review and Approval of Minutes** of January 23, 1995, and the Agenda of February 13, 1995.	4:35-PM
III. **General Announcements.**	4:40-PM
IV. **Public Comment.**	4:50-PM
V. **Chairpersons' Reports.** *(Estela Garcia, Steve Lew, Norman Nickens)*	5:05-PM
VI. **Subcommittee Reports.**	5:15-PM
VII. **Update on the status of CARE* and HOPWA* in the President's budget**, and other legislative issues. Continued from January 9, 1995. *(Mike Shriver)*	5:30-PM
VIII. **Update on (1) the beginning of the Centralized Housing Information and Placement Service (CHIPS) and (2) the implementation of the HOPWA* subsidy program.** *(Kandyce Collins, Chris Harris)*	5:40-PM
IX. **Proposal for a Public Authority and Central Registry for In-Home Supportive Services in San Francisco.** *(Donna Calame)*	6:10-PM
X. **Status of Unobligated 1993-1994 CARE* Funds.** *(Dr. Jan Gurley, Dr. Mitch Katz)*	6:30-PM
XI. **Reconfirmation of resolution that up to 10% of CARE* funds can be used for personnel costs in inpatient settings. VOTE.** *Bill Haskell*	7:00-PM
XII. **Review of findings for Substance Abuse Treatment & Counseling Services, from the 1994 Strategic Monitoring Process.** *(Dr. Katz, Russ Zellers)*	7:10-PM
XIII. **Adjournment.**	7:40-PM

Glossary:

CARE	The Federal *C*omprehensive *A*IDS *R*esources *E*mergency, or Ryan White Act, the major source for funding AIDS services.
EMA	*E*ligible *M*etropolitan *A*rea: an urban area eligible to receive CARE* Title I funds. The "San Francisco EMA" consists of the counties of San Francisco, Marin and San Mateo.
HOPWA	*H*ousing *O*pportunities for *P*ersons with *A*IDS, a Federal program to assist in funding housing programs for HIV/AIDS clients.

CALENDAR:

January 30	Long Range Planning Subcommittee *(5--7 -PM).* **TOPIC: COLLABORATION & CONSOLIDATION.**
February 13	Planning Council meeting *(4:30-PM)*
February 27	Planning Council meeting *(4:30-PM)*
March 11	Planning Council retreat

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HIV Health Services Planning Council
***Minutes of Meeting*- February 13, 1995**

I. **Roll Call**[1].

II. **Review and Approval of Minutes** of January 23, 1995, and the Agenda of February 13, 1995.[2]

III. **General Announcements.**

Mr. Nelson: On February 20 Dr. Hernández will adress a march and rally for immigrant rights.

IV. **Public Comment.** There was no public comment.

V. **Chairpersons' Reports.** There were no reports.

VI. **Subcommittee Reports.**

- *Mr. Lew:* The Long Range Planning Subcommittee discussed the agenda for the upcoming retreat for the full Council, as well as monitoring the long-range plan. The retreat will be held on March 11, from 10-AM TO 5-PM. Up to half of the time will be devoted to review of the Subcommittee's recommendations in the *Comprehensive Plan for HIV Services.* Other items include: *(1)* The history and vision of HIV health services, and the possibilities for coordination and collaboration (presented by Dr. Hernández); *(2)* Formulation of Council policy to meet future challenges; and *(3)* the Bylaws and regulations (*e.g.,* Brown Act, Sunshine Ordinance) that govern the Council's operations (presented by Mr. Nickens). In the morning, various "teambuilding" activities will be held.

- *Dr. Katz:* AIDS Indigent Direct Services may consolidate with the Shanti Project. The AIDS Office believes that this could be effective, and preserve the successful and unique aspects of A.I.D.S.' services. There clearly are functional links with Shanti's Crossings program. To meet Members' concerns about reengaging with Shanti and the preferred sequence of consolidation and the resolution of current arbitration activity, Dr. Katz recommended that the Council schedule further discussion at its February 27 meeting, and invite agency representatives to attend.

VII. The status of CARE* and HOPWA* in the President's budget, and other legislative issues.

Mr. Shriver distributed information[3] on these subjects and discussed them. The President's budget restored HOPWA*, but at level funding. Blockgranted and level-funded programs will be early targets for reductions. The budget proposes increased Ryan-White funds and implements or forecasts some interesting programmatic ideas. Our EMA* and New York will receive reduced Title I funds, since the allocation scheme must be modified to secure Ryan-White (CARE*) reauthorization. The Government Accounting Office is now studying all formula "inequities."

VIII. The beginning of the Centralized Housing Information and Placement Service (CHIPS) and the implementation of the HOPWA* subsidy program.

Jeff Robertson and Chris Harris of SFRA* reviewed the funding, planning and programmatic situation of the HOPWA* subsidy program. The rental assistance advisory committe has begun to meet. *Mr. Haskell:* We understand the demand for housing and have created an efficient system, but much more funding is needed to meet the demand. *Ms. Collins:* The response to and implementation of the CHIPS program has exceeded expectations. Placements will begin shortly. Four new intake sites should be added by June. The Council will be asked to fund them. Estela Garcia noted how much the program was appreciated by Mission District residents. The CHIPS general information and action number is 928-5920.

IX. Proposal for a Public Authority and Central Registry for In-Home Supportive Services in San Francisco. Carried forward to the meeting of February 27.

Status of Unobligated 1993-1994 CARE* Funds.

Dr. Gurley: The State Office of AIDS notified us that some one-time Title II funds were available. The application was due before the next Council meeting, but was reviewed by Estela Garcia and Mr.

Lew. The $200,000 will allow us to add Substance Abuse Treatment to the categories receiving one-time funds this year. They must be spent by June 30. This motion was passed by acclamation:

<A> To approve the application for, and acceptance of, $200,000 in one-time CARE* Title II funds.

Dr. Katz: Improved data bases and tighter scrutiny of contractors will minimize underexpenditure. We effectively addressed these issues before final balances were known. Providers that faill to meet contracted units of service or unduplicated clients will receive proportionately reduced funds.

X. Reconfirmation of resolution that up to 10% of CARE* funds can be used for personnel costs in inpatient settings.

As required by the CARE* application, the Council approved the following motion by acclamation:

<B> That up to 10% of CARE* funds may be used for personnel costs in inpatient settings.

XI. Review of findings for Substance Abuse Treatment & Counseling Services, from the 1994 Strategic Monitoring Process.

Mr. Zellers distributed and discussed a study of Substance Abuse Treatment contracts.[4] The Subcommittee on Evaluation will review the data further.

XII. Adjournment: *7:15-PM.*

NOTES:

1. Roll Call — **Quorum: 4:30-PM** — √ = *Present;* **A** = *Absent;* **E** = *Excused Absence;* **L** = *Leave of Absence*

Estela Garcia *(Chair)*	√	Marcy A. Fraser	√	Bill Hershon	√	Janet Nassar	√	Mike Shriver	√
Norm Nickens *(Chair)*	E	Linford Gayle	√	Danny Joe	√	Bob Nelson	√	Laura Thomas	√
Steve Lew *(Chair)*	√	Barbara Garcia	E	Susan Karp	√	Carmen Portillo	A	Rita Times	√
Steve Burns	√	Jaime Geaga	A	Jon Henry Kouba	√	Steve Roger	√	Jerry Windley	√
Pat Christen	A	John Gressman	A	Gerald Lenoir	√	Geoffrey Sackett	E	Mary Jane Wood	√
Gene Copello	√	Chris Hall	E	Gifford S. Leoung	A	Sean Sasser	E		
Mariam Farooq	E	Lester Hanson	A	J.B. Molaghan	A	Rudy Servin	√		

STAFF: Kandyce Collins, Valerie Dorr, Terri Dowling, Jan Gurley MD, Bill Haskell, Mitch Katz MD, Dennis Yamamoto, Russ Zellers, Charles Brand

2. Mr. Shriver abstained from approval of the Minutes.
3. *The President's Budget At A Glance* (np, nd), one page; Memorandum: Mike Shriver, Mobilization Against AIDS, to Mayor's HIV health Service Planning Council, *Ryan White Reauthorization Update (2/13/95)*, 2/13/95, 2 pp..
4. Mitchell Katz, MD, (to Substance Abuse Treatment cantractars), 2/9/95; Memorandum: Zellers, Yamamata and Morewitz to HIV Health Services Planning Council: *CARE Substance Abuse Treatment Contracts,* with attachments, 2/8/95, 15 pp..

Glossary:

CARE The Federal **C**omprehensive **A**IDS **R**esources **E**mergency, or Ryan White Act, the major source for funding AIDS services.
EMA **E**ligible **M**etropolitan **A**rea: an urban area eligible to receive CARE* Title I funds.
HOPWA **H**ousing **O**pportunities for **P**ersons with **A**IDS, a Federal program to assist in funding housing programs for HIV/AIDS clients.
SFRA **S**an **F**rancisco **R**edevelopment **A**gency

CALENDAR:

January 30	Lang Range Planning Subcammittee *(5–7 -PM).* TOPIC: COLLABORATION & CONSOLIDATION.
February 13	Planning Council meeting *(4:30-PM)*
February 27	Planning Council meeting *(4:30-PM)*
March 11	Planning Council retreat

The Council meets on the second and fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. The site is fully accessible, and assistive devices and signing are provided upon adequate notice. Minutes of meetings and all information distributed to the Council Members, are available for inspection and copying. For further information, call the Council's Staff, 554-9549. ***Minutes of Meetings are tentative until formally approved by the Council.***

HIV Health Services Planning Council

February 27, 1955
4:30-PM to 8:00-PM
25 Van Ness Av., 3rd Floor

Agenda

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1. **Roll Call.** 4:30-PM
2. **Review and Approval of Minutes** *of February 13, 1995, and the Agenda of February 27, 1995.* 4:35-PM
3. **General Announcements.** 4:40-PM
4. **Public Comment.** 4:50-PM
5. **Chairpersons' Reports.** (*Estela Garcia,Steve Lew,Norm Nickens).* 5:05-PM
6. **Subcommittee Reports.** 5:15-PM
7. **Primary Care Services: Review of findings from the 1994 Strategic Monitoring Process.** *The Council continues its review of the accomplishments and efficiency of CARE*-funded HIV services.* (*Dr. Mitch Katz and Russ Zellers).* 5:30-PM
8. **Presentation on the Proposed Transition of AIDS Indigent Direct Services to Shanti Project.** (*Dr. Mitch Katz).* 6:30-PM
9. **Proposal for a Public Authority and Central Registry for In-Home Supportive Services in San Francisco.** *(Donna Calame).* 6:50-PM
10. **Presentation of the Comprehensive HIV Services Plan for the EMA, including San Francisco, San Mateo and Marin Counties:.** *All EMA* planning councils are required to prepare and implement a five-year HIVservices plan.* **Possible VOTE.** *(Long Range Planning Subcommittee plus Bill Haskell and Gary Levinson).* 7:05-PM
11. **Retreat Planning** *(Norman Nickens).* 7:45-PM
12. **Adjournment.** 8:00-PM

Glossary:

CARE The Federal *C*omprehensive *A*IDS *R*esources *E*mergency, or Ryan White Act, the major source for funding AIDS services.

EMA *E*ligible *M*etropolitan *A*rea: an urban area eligible to receive CARE* Title I funds. The "San Francisco EMA" consists of the counties of San Francisco, Marin and San Mateo.

CALENDAR:

February 27 Planning Council meeting *(4:30-PM)*

☞ **March 11 - PLANNING COUNCIL RETREAT**

March 13 Planning Council meeting *(4:30-PM)*

The Council meets on the second and fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. The site is fully accessible, and assistive devices and signing are provided upon adequate notice. Minutes of meetings and all information distributed to the Council Members, are available for inspection and copying. For further information, call the Council's Staff, 554-9549.

HIV HEALTH SERVICES PLANNING COUNCIL

February 27, 1995

The Minutes of this meeting are missing.

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HIV Health Services Planning Council
Retreat

Saturday, March 11, 1995
10 am - 5 pm

Council members present: Pat Christen, Marcy Fraser, Barbara Garcia, Estela Garcia, Linford Gayle, Jaime Geaga, John Gressman, Bill Hershon, Danny Joe, Susan Karp, Gerald Lenoir, Steve Lew, J.B. Molaghan, Janet Nassar, Bob Nelson, Norm Nickens, Steve Roger, Rudy Servin, Mike Shriver, Laura Thomas, Jerry Windley, Mary Jane Wood

Staff present: Jon Dean Green, Marin County AIDS Office; Chris Harris, San Francisco Redevelopment Agency; from the SF Department of Public Health: Valerie Dorr, Jan Gurley, Bill Haskell, Sandra Hernandez

Others present: Jan Masaoka, facilitator; Ted Knapp

1. Norm Nickens called the meeting to order. He announced that Tim Offutt died the night before.

Norm's comments included the following points:

- The Council has been in the position to fund programs, but in the new environment the Council may not be able to support even the programs it wants strongly to support.
- The objective for the day is not to develop a "final plan" or solution but instead to begin the process of bringing Council members to one place, to begin the discussion, to learn that we can disagree and still move forward, to begin to agree on definitions.
- Council members may get some heat for Council decisions, and the Council needs to work together to develop joint solutions.

2. Dr. Sandra Hernandez: History of HIV Services; Challenges We Face Today

Some of the points made by Dr. Hernandez:

- The Health Department is pursuing a new strategy this year to close the approximately $35 - $40 million budget gap, including examining the costs, effectiveness, and cost/UOS of the civil service programs as well as the programs contracted out to nonprofit providers. (Approximately $120 million of the Department's $650 million budget is contracted out.)
- A consulting firm is working with the Health Department examining productivity standards.
- Health care reform is not happening in the near future; the population we serve is *less* sponsored rather than more sponsored.
- The Department is using resources to prepare the infrastructure and information systems needed to be effective in the managed care environment and the health care marketplace.
- The Department is examining its roles as purchasers and providers of services; for example, moving towards complete brokerage for mental health services. These changes raise issues with unions.
- The Department is choosing HMOs for partnerships, seeking partners with philosophical and ethical thinking in line with the Department as well as strong management.
- California is poor in Medicaid dollars, spending less than all 50 states.
- Neighborhood-based health assessments being conducted, beginning with Mission and Bayview/Hunter's Point, adding technical assistance to communities to engage them in the public health process.
- There are more acute care beds in San Francisco than are needed. The Department needs to take leadership in this area.
- The CARE Council has been a leader in looking at costs, outcomes, etc.
- Boards of nonprofit providers need to be forward thinking and consider the delivery system, not just their organizations. Boards should revisit their missions: for example, are the gaps they formed the organization to fill still requiring their organization to be filled?
- There have been some failed collaborations (such as the Center for Positive Care) as well as some successful mergers and collaborations (such as the AIDS Food Bank).
- A client perspective should drive changes in programs and organizations. Even with improvements it's still a convoluted system for clients.

3. Strengthening the Council

Other questions identified as broad guidelines for the discussion included:

- Are clients best served by big or small agencies? By specialized or generalized services?
- To what extent is a system based on multiple, decentralized, community-agency-based delivery necessary for meeting the diverse needs of people with HIV?
- How can we find a balance between decentralization on one hand and on the other hand, coordination, collaboration, and consolidation?
- What is the appropriate mix of services? agencies?

After arm wrestling matches, Council members addressed the questions:

- What has the Council done that has been important and meaningful for me?
- What values have led my work on the Council?
- What worries do you have for the Council?

Some points reported:

What has been important and meaningful for me? What values have led my work?

- Our work ethic as a Council: we're hardworking, consistently working hard.
- Faith in the process of how we do what we do.
- I'm especially proud of the services we've been able to provide to youth and substance abusers.
- We've done reasonably well at developing an equitable system.
- The integrity of people on the Council: looking at the whole system, not just a particular interest group.
- We've followed the priorities we've set
- Our shared value of meeting client needs keeps us on track.
- Being on the Council has been a positive learning experience for me, an opportunity to learn, and to see what I learned in school take place in real life.
- Respectful engagement: we can disagree without personalizing the issue. It's not about winning a personal battle.
- We have a shared value that health care should be available to everyone.
- We've been able to integrate mental health services in many ways.
- We've managed to establish funding communities of color as an operating principle.
- We've been able to incorporate new members quickly.
- We've built a system with a wide range of resources available.

Concerns about the Council:

- The meeting room is too crowded and cluttered
- There are sub- sub- sub- sub- committees.
- New members often find themselves confused and intimidated.
- Longtime members too find themselves confused and intimidated.
- It's hard to figure out where the money is going.
- There's a strong need for fair evaluation. We also need to evaluate our own effective as a Council, and evaluate the AIDS Office.
- We need to be conscious of our institutional memory and carry forward our experiences and what we've learned.
- If the future is consolidation, how can make sure that what we decide is optimal for the client and not politically based?
- Money's going down; needs are going up.
- As prevention dollars disappear, it also means our caseload will go up.
- Can we stand up to the pressures that will come up?
- Can we sustain the system we have worked so hard to build?
  And the community involvement we have been able to develop?
- I'm worried we will lose our compassion and just focus on dollars and Units Of Service; we'll follow bureaucratic models.

4. Information reports:

- Updates from Washington, DC.: Mike Shriver;
- Developments with HOPWA (Housing Opportunities for People With AIDS): Bill Haskell and Chris Harris (a summary of this report is attached);
- Historical collaborative efforts: Valerie Dorr.

5. New member / long-time member participation

Initiated in part by Danny Joe, a discussion ensued on valuing the perspectives of both long term and new members, and on incorporating new members into the Council in both formal and informal ways. Several suggestions emerged for both new and long-term members. Some can be implemented immediately on an individual basis; the co-chairs will also consider institutionalizing some of the suggestions into the Council as a whole. Suggestions included:

1. Inviting new members to coffee to discuss issues.
2. Saying hello by name to new members.
3. Welcoming people into conversations, especially new members.
4. Encouraging longer-time members to call new members on the phone.
5. Establishing a buddy system pairing long-time and new members (a rotating system for a period of time).
6. Rearranging the seating at Council meetings, placing long-time and new members next to each other.

6. Strategies for Responding to Potential Reductions in Future Funding

This discussion is not easily transcribed since it represented a beginning of a process towards consensus rather than an end. The thoughts below do not represent the official Council view, but rather the views expressed by individuals as part of the general discussion. There is some overlap among categories as participants struggle to shape a very large and wide range of thoughts, ideas, and feelings into coherent policy for the Council.

COORDINATION/COLLABORATION/CONSOLIDATION

Much of the discussion focused on coordination/collaboration/collaboration. Some of the important points that emerged in various parts of the day included the following:

1) Collaboration and consolidation have a range of meanings, including:
- Incremental collaborations often to save costs, working together to share equipment, purchase goods and services together
- Fiscal agent/sponsor for distinct projects
- Program integration (example: collaborative effort among the AIDS Health project, San Francisco AIDS Foundation, Shanti)
- Turnover of program to another agency
- Consolidation of agencies and/or programs.

2) A common assumption about collaborations and consolidations is that money can be saved through eliminating redundancies and cutting administrative "fat." This is an appealing myth; but in fact, in nearly all instances, funding cuts will result in reduction of services.

3) Collaborations and/or consolidations do not necessarily result in more effective or efficient management. It is more effective or efficient management that can save money.

4) Today's discussions are more steps towards identifying the core values that guide the Planning Council as it moves into the next era.

5) We should identify not only the advantages of collaboration, but also the pitfalls and risks of collaboration, including:
- Funding in a collaboration may be inequitably distributed, with the lead agency tending to take most of the money;
- Subordinate agencies which lose may be more likely to be agencies in communities of color
- How can we tell when there's a good fit?

6) There are things we can do to mitigate against the problems with collaborations and consolidations.

7) While much of agency determination to succeed is due to the sincere belief on the part of the staff that they are doing important work and that they are doing it with a unique, important perspective and competence, other contributing factors to resistance to collaboration include territorial feelings, employment matters, and building the "AIDS Industrial Complex." We need to create an environment that lets agencies go beyond these obstacles.

8) We acknowledge a tension between quantity of services and quality of services, and between reducing all services across the board and cutting some services entirely to save others at a fuller level.

VALUES

- Collaboration must have a vision beyond (not an end in itself)
- Collaboration should not be forced on CBOs (community based organizations) due to the political environment.
- We should build a holistic system, whether it is centralized or decentralized
- We should ensure a coherent, understandable system of services
- We are committed to a continuum of services
- Interdependence, mutuality
- Be aware of what clients value:
    - Choice
    - Culturally appropriate services
    - Easy access to services
- High quality of care (quality in a broad meaning, incorporating cultural competence)

GUIDELINES

- One guideline is to keep "robust" programs.
- Priority on serving those least able to pay—those with no other resources.
- Acknowledge that there will be fewer providers of HIV services in the future.
- Place restrictions on consolidations and collaborations so that they don't result in destruction of services and agencies to communities of color. Find ways to mitigate impacts on communities of color.
- Look beyond CARE and HIV agencies as resources for service provision and collaborations.
- Use process and analysis provided by the Evaluation Subcommittee.
- Agencies must be involved in the processing of determining what must be done to respond to reduced finding. Find solutions together.
- Hold CBOs accountable to a standard for care. We will not maintain CBOS at client expense.

QUESTIONS

- There is some tension between on one hand getting the most services to the most people, and on the other hand ensuring highest quality services where the integrity of services is maintained.
- By "continuum of services" do we mean a continuum from early intervention to end-stages, a continuum across all populations and communities, or both?
- Overarching goal is to create a decision-making model which can be used over time to strategically respond to potential reductions in future funding
- How can we help develop an environment in which service providers can work together, get over territorial issues?

NEXT STEPS

- Convene groups to look at efficiencies outside the pressures of immediate funding cuts.
- Hold discussion on conflict of interest, in part to reassure Council members about the roles others are playing.
- Collect and clarify experiences with collaborations.
- Determine legitimate and illegitimate resistances to collaborations.
- Decide on ways to communicate to the community and to explain how funds are used for HIV service delivery.
- Maintain communication with service providers to inform people about the process, and so that when the time comes, people have a context in which to judge decisions. Some suggestions included: a column in the AIDS Office newsletter, press coverage for the 5-year plan; column in a newspaper.

MESSAGES

- To clients: the Planning Council takes client concerns with utmost seriousness. We are looking at both the range of services and the quality of service as funding changes and with a commitment to maintain services as much as possible.
- We recommit ourselves to meeting the need for HIV services to people who have the least resources and need services the most.

6. Public comment
7. Close/Chain

San Francisco
Redevelopment Agency

770 Golden Gate Avenue
San Francisco, CA 94102

415.749.2400

FRANK M. JORDAN, Mayor

Jon Henry Kouba, President
Manuel A. Rosales, Vice President
Leroy King
Gary R. Kitahata
Cynthia Choy Ong
Clarence R. Stern
Benny Y. Yee

Clifford W. Graves, Executive Director

March 17, 1995

Dear CARE Council Members:

Attached is a grid detailing the possible roll-over to CARE of rental subsidy and supportive services contracts funded by Housing Opportunities for People With AIDS (HOPWA) if the HOPWA '95 allocation is not restored. The San Francisco Redevelopment Agency, which administers HOPWA monies, is currently still disbursing '93 and '94 monies for the contracts listed on the grid.

If you have any questions, please call Jack Robertson at 749-2479 or me at 749-2477.

Sincerely,

Chris Harris

Chris Harris,
Assistant Development Specialist

MAR 17. 1995 4:41PM #808 P.02
TO: 4154317547
FROM: SFRA 3RD FLOOR

HOPWA Support Services and Rental Subsidies Allocations

(As of March 16, 1995)

Sponsor Agency	Activity	$ Amount	Current Contract Period	* # beds	Possible Roll-over to CARE	Status
Existing Support Service Contracts						
(*Rental subsidies are funded by separate CARE contracts)						
*Baker Places, Inc.	Supp. Services	$52,586	7/1/94-6/30/95	*16 ren sub	7/1/95	Underway.
*Lutheran Social Services	Supp. Services	$43,730	7/1/94-6/30/95	*15 ren sub	7/1/95	Underway.
*SF AIDS Foundation	Supp. Services	$149,632	7/1/94-6/30/95	*55 ren sub	7/1/95	Underway.
Catholic Charities	Supp. Services	$370,000	1/1/95-12/31/95	N/A	1/1/96	Underway.
San Francisco Housing Authority	Rental Subsidies	$2,150,538	9/23/94-9/22/95	250-350	N/A	Underway.
San Francisco Housing Authority	Rental Subsidies	$2,150,538	9/23/95-9/22/96	250-350	9/23/96	Not Yet Approved
	Total	$4,917,024				
Pending Supportive Services Contracts						
AIAI	Supp. Services	$42,910	Not determined	Unknown	Unknown	In Due Process
Zen Hospice	Sup. Services	$76,855	Not determined	3 beds	Unknown	Investigating licensure
Walden House (Coleridge Street)	Supp. Services	$75,757	Not determined	18 beds	Unknown	Project Not Completed
Hospice by the Bay	Sup. Services	??????????	Not determined	50 beds	Unknown	Capital Project Not Completed
Catholic Charities (Peter Claver Community)	Supp. Services	$383,917	Not determined		4/1/96	Not Yet Approved
	Total	$579,439				

HOPWA Support Services and Rental Subsidies Allocations

(As of March 16, 1995)

Other Supportive Services Contracts Not Rolling Over to CARE
(HOPWA monies in reserves for 1 year; Would not roll over to CARE until additional year expended)

Black Coalition on AIDS (121 Holly Park and 416 Precita Avenue)	Supp. Services	$85,565	4/1/94-6/30/95	8-12 beds	7/1/96	Underway
Dolores Street Community Services (Cohen Residence)	Supp. Services	$311,732	11/1/94-12/31/95	10 beds	1/1/97	Underway.
Baker Places, Inc. (Ferguson Place)	Supp. Services	$31,500	7/1/94-6/30/95	N/A	7/1/96	Underway
	Total	$428,797				

TOTALS:	$2,766,486	(Existing Supportive Services Contracts with only 1 yr. of SFHA subs.)
	$579,439	(Pending Supportive Services Contracts)
	$3,345,925	(TOTAL AMOUNT OF WHAT COULD ROLL-OVER TO CARE IF HOPWA'95 $ IS NOT RESTORED)

HIV HEALTH SERVICES PLANNING COUNCIL

March 13, 1995

The Agenda of this meeting is missing.

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HIV Health Services Planning Council
Minutes of Meeting -- March 13, 1995

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I. **Roll Call**[1].

II. **Review and Approval of Minutes and Agenda.**

The February 13 and 27 Minutes and the March 13 Agenda were apporoved.[2]

III. **General Announcements.**

Mr. Windley: On April 11 or April 25, the Board of Supervisors' Health Committee will conduct a hearing on the Federal AIDS budget. Members are invited to speak.

Mr. Nelson: On March 15 the House of Representatives will consider an amendment restoring $180,000,000 to the HOPWA* budget.

Ms. Dorr: The final CARE* award for 1995-1996 is: $19,200,000 Formula, $12,800,000 Supplemental, and $3,500,000 carried forward from 1993. The additional $11,400,000 already encumbered for services within the award period brings the total to $46,900,000. Since the award period is for *nine* months, there will be "new moneys." Members will receive detailed information, to be reviewed on March 27.

IV. **Public Comment.**

•Several persons lauded Chinese herbal medicine, acupuncture, and Qigong for mitigating the effect of HIV disease, and requested the Council to support the expansion of health insurance to include these.

•Mr. Tom Calvanese of Lutheran Social Services recommended a more expansive process for deciding on the disposition of the services currently provided by AIDS Indigent Direct Services (A.I.D.S.). He urged the Members to learn the opinion of clients and interested persons. *Mr. Windley* and *Mr. Lenoir* agreed that the issue should be considered at the March 27 meeting. Mr. Calvanese will notify Ambassador clients of the meeting.

V. **Chairpersons' Reports.** There were no reports.

VI. **Subcommittee Reports.**

Dr. Katz: The Subcommittee on Evaluation discussed the Health Department's AIDS Crisis Unit, of Community Mental Health Services. Two site visits by a monitoring team in the past six months indicated that cited deficiencies were not remedied sufficiently, and the Subcommittee recommends that their services be put out to competitive bid. Several CMHS staff asked the Council to follow its own due process and place ACU on probation. Eleven of the twelve items cited were either completely or partially corrected. *Ms. Thomas* made the following motion, which was voted upon and approved:[4]

<A> **The Council approves the recommendation of the Subcommittee on Evaluation: to put out to general bid all services currently contracted with the AIDS Crisis Unit.**

VII. **Hospice Care, Rehabilitation Care, Day and Respite Care, Transportation, Translation, and Adoption/Foster Care Services.**

Mr. Zellers reviewed the findings from the 1994 Strategic Monitoring Process for these service categories. Few contracts are awarded in these areas, and little comparative information is available. *Ms. Thomas* recommended that the AIDS Office to obtain cost, units-of-service, and unduplicated information from other EMAs*. He distributed a study of the categories[3] and noted that the Evaluation Subcommittee has not formally reviewed the information formally and made recommendations.

VIII. **Presentation by the Coalition for Positive Families with Children.**

Carried forward to the meeting of March 27, 1995.

IX. **Review of the revisions proposed for the Planning Council Bylaws.**

Mr. Nickens: The Bylaws Review Subcommittee met twice. The Members will receive the recommended revisions as a complete package. The Appeals section was distributed, and Members were asked to review it and convey their recommendations directly to him. Although HRSA* has provided no guidance, the City requires an appeal process for funded clients, as do all existing CARE* contracts. The final process should resolve client-level grievances in a manner that avoids full-Council involvement.

X. **Review of additional presentations about the HIV Health Services Comprehensive Five Year Plan. Recommendations for a community forum presentation, and others for consideration.**

The Members discussed to whom the plan should be presented, in what manner, and the extent to which it should be coordinated with the Prevention Council's plan. Council Members will make the presentations, and a firm schedule will be discussed at the meeting of March 27, 1995.

XI. **Follow-up to the Planning Council retreat held on March 11, 1995.**

Mr. Nickens: This will be a regular agenda item until all outstanding items are dealt with.

XII. **Adjournment:** *8-PM.*

NOTES

1. **Roll Call** — √ = *Present*; A = *Absent*; E = *Excused Absence*; L = *Leave of Absence*

Estela Garcia *(Chair)*	√	Marcy A. Fraser	√	Bill Hershon	E	Janet Nassar	√	Mike Shriver	A
Norm Nickens *(Chair)*	√	Linford Gayle	√	Danny Joe	A	Bob Nelson	√	Laura Thomas	√
Steve Lew *(Chair)*	√	Barbara Garcia	√	Susan Karp	√	Carmen Portillo	√	Rita Times	√
Steve Burns	A	Jaime Geaga	A	Jon Henry Kouba	A	Steve Roger	√	Jerry Windley	√
Pat Christen	A	John Gressman	A	Gerald Lenoir	√	Geoffrey Sackett	L	Mary Jane Wood	√
Gene Copello	A	Chris Hall	A	Gifford S. Leoung	A	Sean Sasser	√		
Mariam Farooq	L	Lester Hanson	A	J.B. Molaghan	E	Rudy Servin	E		

STAFF: *Valerie Dorr, Mitch Katz, MD; Russ Zellers, Charles Brand*

2. Abstaining: 2/13 Minutes: *Times*; 2/27 Minutes: *Fraser, Lew, Times.*

3. Letter: Mitchell Katz, 3/8/95 (inviting providers of these services to attend the March 13 Council meeting that will review these categories). Memorandum: Russ Zellers to HIV Health Services Planning Council, 3/9/95: *Hospice Care; Rehabilitation; Day Respite, Transportation; Translation; Adoption / Foster Care Assistance,* 2 pp. With five spreadsheets as attachments.

4. **VOTE:** ***MOTION "A"*** — √= For; N= Against; O = Not present at vote.

Burns	O	Gayle	√	Hanson	O	Lenoir	√	Portillo	√	Shriver	O
Christen	O	B. Garcia	N	Hershon	O	Leoung	O	Roger	N	Thomas	√
Copello	O	Geaga	O	Joe	O	Molaghan	O	Sackett	O	Times	√
Farooq	O	Gressman	O	Karp	√	Nassar	√	Sasser	O	Windley	√
Fraser	√	Hall	O	Kouba	O	Nelson	O	Servin	O	Wood	N

Glossary:

CARE — The Federal *C*omprehensive *A*IDS *R*esources *E*mergency, or Ryan White Act, the major source for funding AIDS services.

EMA — *E*ligible *M*etropolitan *A*rea: an urban area eligible to receive CARE* Title I funds. The "San Francisco EMA" consists of the counties of San Francisco, Marin and San Mateo.

HOPWA — *H*ousing *O*pportunities for *P*ersons with *A*IDS, a Federal program to assist in funding housing programs for HIV/AIDS clients.

HRSA — *H*ealth *R*esources and *S*ervices *A*dministration, the Federal agency administering CARE* programs.

CALENDAR:

March 27 — Planning Council meeting *(4:30-PM)*

April 10 — Planning Council meeting *(4:30-PM)*

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HIV Health Services Planning Council

March 27, 1995
4:30-PM to 8:15-PM
25 Van Ness Av., 3rd Floor

AGENDA

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I.	**Roll Call.**	4:30-PM
II.	**Review and Approval of Minutes** of March 13, 1995, and the Agenda of March 27, 1995.	4:35-PM
III.	**General Announcements.**	4:40-PM
IV.	**Public Comment.**	4:45-PM
V.	**Chairpersons' Reports.** (*Estela Garcia,Steve Lew,Norm Nickens)*	4:50-PM
VI.	**Subcommittee Reports.**	5:15-PM
VII.	**CARE* Title I Allocation.** Review of 1995-1996 grant to the EMA*. *(Jan Gurley)*	5:30-PM
VIII.	**Disposition of services provided by AIDS Indigent Direct Services.** Discussion and possible vote. *(Mitch Kat)*	6:00-PM
IX.	**Presentation by the Coalition for Positive Families with Children.** Service availability and funding issues. Carried forward from the meeting of March 13. *(Kristin Neil)*	7:00-PM
X.	**Proposed revisions of the Planning Council Bylaws.** Possible vote. *(Norm Nickens)*	7:15-PM
XI.	**Additional presentations about the HIV Health Services Comprehensive Five Year Plan.** Scheduling and assigning various presentations. *(Steve Lew, Laura Thomas)*	7:30-PM
XII.	**Follow-up to the Planning Council retreat held on March 11, 1995.** *(Norm Nickens)*	7:45-PM
XIII.	**Adjournment.**	8:00-PM

Glossary:
CARE The Federal **C**omprehensive **A**IDS **R**esources **E**mergency, or Ryan White Act, the major source for funding AIDS services.
EMA **E**ligible **M**etropolitan **A**rea: an urban area eligible to receive CARE* Title I funds. The "San Francisco EMA" consists of the counties of San Francisco, Marin and San Mateo.

Attachment (for *Members*):
HIV Health Services Planning Council Retreat: Saturday, March 11, 1995; 10am - 5pm., 11pp.

CALENDAR:

March 27	Planning Council meeting *(4:30-PM)*
April 10	Planning Council meeting *(4:30-PM)*

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HIV HEALTH SERVICES PLANNING COUNCIL - *Minutes of March 27, 1995*

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I. **Roll Call**[1].

II. The Minutes of March 13 and the Agenda of March 27 were approved.

III. **General Announcements.**
Ms. Christen reported on recent Congressional activity regarding reauthorization of the Ryan-White (CARE*) Act. The latest version limits the maximum reduction of funds for any EMA* to 7.5% from its 1995-1996 allocation, to be implemented progressively over the five-year period. Congress will reconsider HOPWA*, and it is not a dead issue.[2]

IV. **Public Comment.** There was no public comment (see Item VIII, below).

V. **Chairpersons' Reports**
Mr. Lew urged veteran Members to continue establishing "mentoring" relationships with newer Members, as recommended at the March 11 Council retreat. •A chairperson will sit on each subcommittee (*Lew* on Long Range Planning, *Garcia* on Membership, *Nickens* on Evaluation, Bylaws.) Subcommittee members should rotate in reporting to the full council. •*Mr. Nickens:* Name tags and assigned seating for Members will be used on a trial basis, to facilitate public interaction with the Council.

VI. **Subcommittee Reports**

- Membership -- *Ms. E. Garcia:* On March 16 we developed an agenda for reviewing Council policies on attendance, by-laws, vacancies, and nominations. Members with a high rate of absence will be contacted. Tentative recommendations include reducing the maximum leave of absence from six months to two; and adding "Tuberculosis" and "HIV-infected youth" to the Council's membership categories. Several categories are vacant or infrequently represented (*e.g.*, Native Americans, physicians, HIV-infected women).
- Evaluation --*Dr. Katz:* Last week we reviewed Medical and Dental services. Today Substance Abuse service providers presented input to the subcommittee's recommendations. Mental Health and Buddy/Companion contractors will provide input at the next meeting. Their comparative costs are under review.
- Long Range Planning -- *Ms. Thomas:* Task forces are being set up for Case Management and Centralized Registration, Information & Referral. The HIV Health Services Comprehensive Five Year Plan will be presented to HRSA* in July. Members should commit to attend at least one local presentation, as well as the community forum on April 25. Several Members volunteered to be spokespersons, and training is scheduled for April. On April 10 the Council will review a "key fact sheet" to be used in presentations.
- Bylaws -- *Mr. Nickens* distributed a draft of the modified Council Bylaws, to be discussed in April.

VII. **CARE* Title I Allocation.**
Dr. Katz distributed and reviewed the AIDS Office's recommendations for funding 1995-96 CARE* contracts which end January 31, 1996 (Formula) and March 31 (Supplemental). The allocation must be spent by March 31, and could fund Formula contracts until March 31, thus preventing any gap in service.

Ms. Christen made the following motion, which passed:[3]

<A> **As recommended by the AIDS Office for CARE* Year Five (1995-96) funding: (1) To fund all service categories at their present level for nine months; (2) To utilize approximately $4,000,000 in unallocated funds to extend Formula contracts an additional two months, end at the same time as Supplemental contracts; (3) To increase Hospice Care funding and fund "system-wide developments" per Council resolution. When the 1996-7 allocations announced, the Council will determine disposition of any surplus resulting from extension of the Formula contract.**

Ms. Christen: HOPWA* reserves should satisfy Year Five commitments. *Dr.Katz:* Funding of the AIDS Office's CARE* administration is reduced, since none of the $3,500,000 carried forward from 1993-4 may be used for administration. Since it begins February 1, the "administrative year" is two months longer than the contract year. Improved data systems might partially compensate for inevitable staff attrition.

VIII. **Disposition of services provided by AIDS Indigent Direct Services ("A.I.D.S.").**
Dr. Katz reviewed the background of the probation and receivership imposed by the AIDS Office on A.I.D.S.. Because the agency could not resolve every condition by November 1994, the AIDS Office informed them of their alternatives. Whether they chose collaboration or consolidation, the other agency should have experience providing similar services in the Tenderloin, and be able to secure at least 30% of funding from non-CARE* sources. After considering offers from many agencies, the A.I.D.S. board of directors decided to transfer their CARE* contracts to Shanti Project, which technically meets our criteria for credibility and fiscal responsibility. They are not on probation, have had two years of problem-free audits, and have a new board president, executive director, and controller. The agency hopes to repay the Health Department by winning a malpractice suit against their former accountants who allegedly caused the problem. This avoids significant contraction of services to capture private funds. Shanti executive director Gloria Sandoval: The delay was caused by mediation problems beyond either party's control, and should be resolved by July. Shanti appreciates A.I.D.S.' successful service delivery and will employ most of its staff and continue the same services at the same address for at least a year.

Public comment was offered by eight persons, including A.I.D.S. clients and employees, and other interested persons. Some were concerned about Shanti's ability to deal with this challenging target population; and the general failure to elicit the opinion of clients and other concerned persons.

Ms. Hershon made the following motion, which did not pass: To begin the RFP process for contractual services now provided by A.I.D.S., with special-consideration being given to collaboration situations that may be proposed.[4]

Ms. Christen made the following motion, which passed:[5]

<B> **To endorse the decision of the board of directors of AIDS Indigent Direct Services, to transfer their contracts to Shanti Project. The AIDS Office shall rebind these contracted services in April 1996. The Council urges Shanti Project to establish a community board to review its assumption and delivery of A.I.D.S. services.**

The Members agreed that the Council must create specific protocols governing mergers and collaborations.

IX. **Presentation by the Coalition for Positive Families with Children.**
Kristin Neil and several colleagues described their services and goals, and the unmet needs of their target population, particularly mothers with younger children. The main reasons for not accessing services are transportation, childcare, ignorance of what is needed and available, fear of stigma and judgment, and (for some undocumented immigrants) fear of Proposition 187. The Council expressed appreciation for the excellent handouts and asked that they be attached to these Minutes, mailed to CARE* providers, and summarized in the AIDS Office quarterly newsletter for contractors.[6]

X. **Proposed revisions of the Planning Council Bylaws.** See Item VI, above.

XI. **HIV Health Services Comprehensive Five Year Plan.** See Item VI, above.

XII. **Follow-up to the Planning Council retreat held March 11, 1995.** See Item V, above.

XIII. **Adjournment: 8:40-PM.**

NOTES:

[1] ROLL CALL	Quorum: 4:50-PM	√ = *Present;* A = *Absent;* E = *Excused Absence;* L = *Leave of Absence*									
Estela Garcia *(Chair)*	√	Marcy A. Fraser	√	Bill Hershon	√	Janet Nassar	√	Laura Thomas	√		
Norm Nickens *(Chair)*	√	Linford Gayle	√	Danny Joe	√	Bob Nelson	√	Rita Times	√		
Steve Lew *(Chair)*	√	Barbara Garcia	√	Susan Karp	√	Carmen Portillo	√	Jerry Windley	A		
Steve Burns	A	Jaime Geaga	E	Jon Henry Kouba	A	Steve Roger	√	Mary Jane Wood	√		
Pat Christen	√	John Gressman	√	Gerald Lenoir	√	Sean Sasser	√	Bill Hershon	√		
Gene Copello	A	Chris Hall	√	Gifford S. Leoung	A	Rudy Servin	A				
Mariam Farooq	√	Lester Hanson	A	J.B. Molaghan	E	Mike Shriver	A				

STAFF: Mitch Katz, Kandyce Collins, Michelle Dixon, Bill Haskell, Charles Brand

HIV HEALTH SERVICES PLANNING COUNCIL -- *Minutes of March 27, 1995*

[2] Members received: Committee on Labor and Human Resources, *The Ryan White Care Reauthorization Act of 1995: Key Components*, 7 pp, 3/27/95.

[3] VOTE: Motion <A>

A = Abstain; N= Opposed; √= For; O = Not present at vote.

Christen	√	B. Garcia	√	Joe	N	Nelson	N	Thomas	√
Farooq	√	Gressman	O	Karp	√	Portillo	O	Times	√
Fraser	√	Hall	√	Lenoir	√	Roger	√	Wood	√
Gayle	√	Hershon	N	Nassar	√	Sasser	√	*Passed: 14/3*	

[4] VOTE:

Christen	N	B. Garcia	N	Joe	N	Nelson	N	Thomas	N
Farooq	A	Gressman	O	Karp	N	Portillo	O	Times	N
Fraser	N	Hall	N	Lenoir	N	Roger	N	Wood	N
Gayle	A	Hershon	√	Nassar	A	Sasser	N	*Failed 1/13/3*	

[5] VOTE: Motion <B>

Christen	√	B. Garcia	√	Joe	√	Nelson	√	Thomas	√
Farooq	√	Gressman	O	Karp	√	Portillo	O	Times	√
Fraser	√	Hall	√	Lenoir	√	Roger	√	Wood	√
Gayle	√	Hershon	O	Nassar	√	Sasser	√	*Passed 16/0*	

[6] Coalition for Positive Families with Children, *Some Questions for Programs and Funders Attempting to Serve Women and Children*, n.d., 2 pp.; Memo: Elaine Cole, CPFC, to CARE Council, 3/27/95: *Re.: Women's Services.*

GLOSSARY:

CARE The Federal *C*omprehensive *A*IDS *R*esources *E*mergency, or Ryan White, Act, the major source for funding AIDS services.
HOPWA *H*ousing *O*pportunities for *P*ersons with *A*IDS, a Federal program to assist in funding housing persons for HIV/AIDS clients.
HRSA *H*ealth *R*esources and *S*ervices *A*dministration, the Federal agency administering CARE programs.

ATTACHMENTS *(for Members)*

- See Item IX and Note [6], above.
- Council *Bylaws* (March 27, 1995 draft)

CALENDAR

April 6 - Membership Subcommittee
April 10- Planning Council Meeting
April 13- Long Range Planning Subcommittee
April 24- Planning Council Meeting
April 25- Community Forum on HIV Services

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HIV Health Services
Planning Council

April 10, 1995

4:30-PM. 25 Van Ness Av., 3rd Floor

AGENDA

I.	ROLL CALL.	4:30-PM
II.	REVIEW AND APPROVAL OF MINUTES of March 27 and Agenda of April 10, 1995.	4:35-PM
III.	GENERAL ANNOUNCEMENTS.	4:40-PM
IV.	PUBLIC COMMENT.	4:50-PM
V.	CHAIRPERSONS' REPORTS *(Estela Garcia, Steve Lew, Norm Nickens)*	5:00-PM
VI.	SUBCOMMITTEE REPORTS.	5:20-PM
VII.	BUDDY COMPANION AND MENTAL HEALTH SERVICES Review of recommendations by the Evaluation Subcommittee for this CARE* service category; including standardized units of services and charges. Possible vote.	5:40-PM
VIII.	CASE MANAGEMENT SERVICES As Item VII, above. Possible vote.	5:55-PM
IX.	DEVELOPMENT OF THE CENTRALIZED REGISTRATION, INFORMATION AND REFERRAL SYSTEM FOR HIV SERVICES (Jan Gurley).	6:10-PM
X.	UPDATE ON THE STATUS OF THE CENTRALIZED HOUSING INFORMATION AND PLACEMENT SERVICE (CHIPS). Possible vote. (Norm Nickens).	6:30-PM
XI.	PRESENTATION ON CARE*-FUNDED HUMAN RIGHTS COMMISSION ACTIVITIES Possible vote. (HRC staff).	6:50-PM
XII.	KEY FACTS TO BE PRESENTED AT FORUMS ON THE HIV SERVICES FIVE-YEAR PLAN.	7:05-PM
XIII.	REVIEW OF COUNCIL BYLAWS Review of March 27 draft of modified Bylaws, from Bylaws Subcommittee. Possible vote.	7:25-PM
XIV.	ADJOURNMENT	7:45-PM

Glossary:

CARE The Federal **C**omprehensive **A**IDS **R**esources **E**mergency, or Ryan White, Act, the major source for funding AIDS services.

Attachments (Members' Packet):

Memo: Gregory Walker, Director, Brothers Network, to Planning Council Members, *Re: CARE Council Letter*, 3/28/95.
AIDS Office Staff, *Case Management and Client Advocacy Contracts*, 3/28/95.
Memo: Edwin M. Lee, Director, Human Rights Comm., to Council Members, *Re: HIV Discrimination Representative Position*, 4/4/95.

CALENDAR

April 6 - Membership Subcommittee
April 10- Planning Council Meeting
April 13- Long Range Planning Subcommittee
April 24- Planning Council Meeting
April 25- Community Forum on HIV Services

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HIV HEALTH SERVICES PLANNING COUNCIL
Minutes of Meeting: April 10, 1995

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I. **Roll Call**[1].

II. **Review and Approval of Minutes of March 27 and Agenda of April 10.**[2]

III. **General Announcements.**

- Mr. Jon Dean Green attended the meeting as representative for Marin County. He is being nominated to take the place of Geoffrey Sackett, who has resigned for reasons of health.
- Members who have not done so, should complete and submit Form 730 (Statement of Economic Interest) as soon as possible.
- The Board of Supervisors' Public Health, Safety, and Environment Committee will meet tentatively on May 28 to discuss a proposal to include Chinese Medicine in services covered by the City's Health Plan. Call Mr. Windley for more information.
- The Senate unanimously passed the proposed Ryan-White CARE* reauthorization bill in committee, and the full Senate will consider it when it reconvenes April 24. The House held hearings on its bill Thursday, April 6.
- The Members requested that future meetings not be scheduled to extend beyond 7:30-PM, unless there is a large volume of urgent business. They also directed that agendas specify the subject of possible votes.

IV. **Public Comment.** There was no public comment. *[See Items VII and VIII, below.]*

V. **Chairpersons' Reports.**
Mr. Nickens: The HIV Contractor's Association has raised concerns that the structure of Council meetings limits constructive dialogue and allows too much AIDS Office influence on Council outcomes. The Members agreed to discuss this at a future meeting.

VI. **Subcommittee Reports.** *[See Item VII, below.]*

VII. **Buddy Companion and Mental Health Services**
Mr. Zellers reviewed the recommendations by the Evaluation Subcommittee, which has discussed the proposed contractual rate caps with Mental Health and Buddy Companion providers and reviewed Medi-Cal rates and caps for Mental Health services. There was extensive public comment. Some questioned the cost-accounting basis of the units-of-service caps. Mr. Green noted that the proposed rates exceed Medi-Cal's rates. The following motions passed:[3]

<A> **To accept the recommendations of the Evaluation Subcommittee regarding Buddy Companion services.**

<B> **To accept the recommendations of the Evaluation Subcommittee regarding Buddy Companion services.**

VIII. **Case Management Services**
Mr. Zellers reviewed performance and cost data for providers. The Evaluation Subcommittee has not made its final recommendations. *Mr. Shriver*: The information indicates that no current contract began before 1991-1992. Mr. Zellers will check. *Ms. Fraser:* The analyses should discuss "outcomes" achieved by service providers. *Mr. Windley*: Monitor the Health Department CARE* providers, and not merely review their annual reports. Dr. Katz said that the disparity would be corrected. *Ms. Barbara Garcia:* The type and presentation of information make it difficult to compare data. Mr. Zellers observed that adoption of standard definitions by the Case Management Task Force will help correct this situation. *Mr. Gayle* asked if the Community Clinic Consortium's services were not redundant. Dr. Katz and *Mr. Gressman* explained that the consolidation of administrative tasks of the five agencies is an efficiency measure. The agency directors sit on the Consortium's board of directors. *Mr. Shriver:* Two years ago the Council specified that Case Management services must to follow either nursing or brokerage models. *Mr. Gressman:* There seems to be confusion on this matter. *Mr. Lew*: The Council decided to include nonconforming services under the "Client Advocacy" category.

IX. **Development of the Centralized Registration, Information and Referral System for HIV Services.**
Put over to the meeting of April 24.

X. **Update on the Status of the Centralized Housing Information and Placement Service (CHIPS).**
Ms. Collins explained the database for the CHIPS system. San Francisco is the first EMA* to progress this far. The database and intake services might become a national model. The Council considered the possibility of rebidding the CHIPS contract since the program has progressed so far beyond the developmental stage, and the nature of this service

has substantially changed. The Members requested more information before authorizing rebidding. The Council will consider the item on April 24.

XI. **Presentation on CARE*-Funded Human Rights Commission Activities.**
HRC director Ed Lee surveyed HRC's work promoting the rights of persons with HIV. HRC favors a proactive approach, with maximum participation by all parties to minimize the possibility of encroachment on civil rights. They are exploring various funding sources. Dr. Katz explained that the severe cut in the CARE* Administrative budget forced him to delete seven currently filled AIDS Office positions. *Mr. Windley* noted the effective work of HRC, and the Members directed the AIDS Office to present options for continued funding at a future meeting.

XII. **Presentation to the Public of the HIV Health Services Comprehensive Five-Year Plan.**
Mr. Haskell distributed a synopsis of they key points to be emphasized in the presentations, which will be made in a variety of public forums.[4] Orientation for Member-presenters will be held on Thursday, April 13. He urged all to attend.

XIII. Review of Council Bylaws. Put over to the meeting of April 24.

XIV. Adjournment: 7:45-PM.

NOTES:

1. ROLL CALL — **Quorum: __-PM** — √ = *Present;* A = *Absent*; E = *Excused Absence*

Estela Garcia *(Chair)*	E	Marcy A. Fraser	√	Bill Hershon	E	Janet Nassar	√	Laura Thomas	√
Norm Nickens *(Chair)*	√	Linford Gayle	√	Danny Joe	E	Bob Nelson	A	Rita Times	E
Steve Lew*(Chair)*	√	Barbara Garcia	√	Susan Karp	√	Carmen Portillo	√	Jerry Windley	√
Steve Burns	A	Jaime Geaga	√	Jon Henry Kouba	√	Steve Roger	√	Mary Jane Wood	E
Pat Christen	A	John Gressman	√	Gerald Lenoir	E	Sean Sasser	√		
Gene Copello	√	Chris Hall	A	Gifford S. Leoung	A	Rudy Servin	√		
Mariam Farooq	√	Lester Hanson	A	J.B. Molaghan	A	Mike Shriver	√		

STAFF: Charles Brand, Kandyce Collins, Jan Gurley, Bill Haskell, Mitch Katz, Russ Zellers.

2. Copello, Geaga, Shriver and Windley abstained from approval of the Minutes.

3. AIDS Office, *Buddy Companion Services*, 4/10/95; *Mental Health Services*, 4/5/95.

VOTE: *MOTION "A"* — A = Abstain; N= Opposed; Y= For; O = Not present at vote.

Copello	Y	B. Garcia	Y	Gressman	Y	Nassar	Y	Sasser	N	Thomas	Y
Farooq	A	Gayle	Y	Karp	Y	Portillo	Y	Servin	Y	Windley	Y
Fraser	Y	Geaga	Y	Kouba	Y	Roger	Y	Shriver	O	***Passed 14/1/1***	

VOTE: *MOTION "B"*

Copello	Y	B. Garcia	Y	Gressman	Y	Nassar	Y	Sasser	Y	Thomas	Y
Farooq	Y	Gayle	Y	Karp	Y	Portillo	Y	Servin	Y	Windley	Y
Fraser	Y	Geaga	Y	Kouba	Y	Roger	Y	Shriver	O	***Passed 16/0/0***	

4. AIDS Office, *Presentation Schedule: HIV Health Services Comprehensive Five Year Plan: A Client Centered System of Care,* 3 pp..

GLOSSARY:

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EMA *E*ligible *M*etropolitan *A*rea: an urban area eligible for CARE Title I funds. The "San Francisco EMA" includes Marin and San Mateo.

CALENDAR

April 13 – Long Range Planning Subcommittee *(5:30-P.M., AIDS Office, Training Room "A")*
April 24 Planning Council
May 8 Planning Council

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HIV Health Services
Planning Council

April 24, 1995

4:30-PM. *25 Van Ness Av., 3rd Floor*

AGENDA

I-	ROLL CALL.	4:30-PM
II-	REVIEW AND APPROVAL OF MINUTES of April 10 and Agenda of April 24, 1995.	4:35-PM
III-	GENERAL ANNOUNCEMENTS.	4:40-PM
IV-	PUBLIC COMMENT.	4:45-PM
V-	CHAIRPERSONS' REPORTS *(Estela Garcia, Steve Lew, Norm Nickens).*	4:50-PM
VI-	SUBCOMMITTEE REPORTS. * MEMBERSHIP SUBCOMMITTEE. * LONG RANGE PLANNING SUBCOMMITTEE. Vote on recommendation for AIDS Case Management consultation. * EVALUATION SUBCOMMITTEE. Vote on final recommendation on caps for Substance Abuse treatment services.	4:55-PM
VII-	PRESENTATION ON HOUSING, FOOD, HOMECARE AND COMPLEMENTARY THERAPY SERVICES.	5:30-PM
VIII-	DISCUSSION OF CENTRALIZED REGISTRATION, INFORMATION AND REFERRAL SYSTEM ("REGGIE") AND CENTRALIZED HOUSING INFORMATION AND PLACEMENT SERVICES ("CHIPS").	5:45-PM
IX-	ADOPTION OF REVISED COUNCIL BYLAWS. Review of proposed revisions to Bylaws and to Process for the Nomination and Appointment of New Members. Vote.	6:15-PM
X-	ADJOURNMENT.	7:00-PM

Attachments (Members' Packets)

- *AIDS Case Management Consultation: Scope of Work*, 4/24/95.
- *[Draft of Proposed Modifications of] Process for the Nomination and Appointment of New Members.*

CALENDAR

April 13	Long Range Planning Subcommittee *(5:30-P.M., AIDS Office, Training Room "A")*
April 24	**Planning Council**
May 8	**Planning Council**
May 15	Membership Subcommittee *(4:30-PM, AIDS OFFICE)*

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HIV Health Services Planning Council
Minutes of Meeting
April 24, 1995

I. **Roll Call**[1].

II. **Review and Approval of Minutes and Agenda.**[2]

III. **General Announcements.**
The co-chairs commended Bill Haskell for his ten years in AIDS-related service. He will retire on April 28. By acclamation (unanimous) the Council directed the co-chairs to issue a Council commendation. Mr. Nickens will temporarily assume his subcommittee and HOPWA activities.

IV. **Public Comment.** There was no public comment.

V. **Chairpersons' Reports**
Mr. Nickens: Mr. Sasser requests leave of absence from the next two meetings and advises the Council that he will resign by September.

VI. **Subcommittee Reports.**
Membership Subcommittee. The Subcommittee reviewed actual and impending vacancies, and will issue a press release notifying the public that nominations for membership will be received until May 15. The Members unanimously approved Dr. Leoung's request for a two-month leave of absence.
Long Range Planning Subcommittee. The Council approved the following motion:[3]

<A> To allocate $18,800 in unexpended CARE* Title II funds as follows: $9,400 for consultation services to the AIDS Case Management Task Force; $9,400 for psychotropic medicines not covered by ADAP*, for low-income persons with no source of reimbursement.

Mr. Lew: The money must be expended by June 30. The Subcommittee recommends Myrna Cozen, who consulted on the HIV Health Services Comprehensive Five Year Plan. Her experience is in case management. Because of the sum involved and the short time to expend it, a sole-source contract will be concluded with the Support Center. Ms. Cozen will report to Dr. Gurley and work with Ms. Dorr. *Mr. Lew*: The Evaluation Subcommittee will need such services in the future. *Ms. Thomas*: The attrition of AIDS Office resources will make these services an important adjunct to Council operations. Jeff Byers of the State Office of AIDS noted that consortia may spend up to ten percent (10%) of their CARE* Title II allocation for administration. San Francisco has never used Title II funds for this purpose.

Ms. Thomas distributed a schedule for presentation of the Comprehensive Five Year Plan. *Mr. Nickens*: The Planning Council, *not the AIDS Office*, is presenting the Plan. We need a large turnout of Members at the scheduled events, particularly the "community education forum for clients" on June 7. All who wish to be presenters should contact Mr. Haskell, Ms. Thomas, or him; and attend the training session on May 11.

Evaluation Subcommittee. Mr. Zellers distributed spreadsheets with some of the information used by the Subcommittee in determining caps for substance abuse treatment services. These exceed the Medi-Cal maximum allowances. The rates were discussed formally with providers, who generally concur. Haight-Ashbury's concerns have been addressed.[4] The caps should have no inflationary effect on the next round of bids. Providers will be asked to maintain their current unit of service charges. Mr. Ted Garner of Haight Ashbury endorsed the final proposal. The Council approved the following motion:[5]

<B> To approve the recommendation of the Evaluation Subcommittee of reimbursement caps for Substance Abuse Treatment Services.

VII. **Presentation on Housing, Food, Homecare and Complementary Therapy Services.**
Mr. Zellers reviewed spreadsheets with comparative information. Corrected final copy will be mailed to the Members.

VIII. **Discussion of Centralized Registration, Information and Referral System ("REGGIE") and Centralized Housing Information and Placement Services ("CHIPS").**

Dr. Gurley explained how "Reggie" will function. It will improve services and provide useful information. Several features are basically in place and can be readily incorporated -- for example, the CHIPS and clients' databases. Members mostly favored rebidding or renegotiating the current contract to include a specific emphasis on advocacy. Time and service restraints demand a prompt revision of the CHIPS contract.

IX. **Adoption of Revised Council Bylaws.**

Mr. Nickens reviewed the proposed revisions. Members discussed proposed term limits and attendance and participation requirements; the qualifications and voting rights of co-chairs; and the extent of adherence to the Sunshine Ordinance. Mr. Nickens should receive all comments by April 28, for the Subcommittee's final review.

X. **Adjournment: 8:00-PM.**

NOTES:

1. ROLL CALL **Quorum:4:30-PM** √ = *Present;* **A** = *Absent*; **E** = *Excused Absence*; **L** = *Leave of Absence*

Estela Garcia *(Chair)*	√	Marcy A. Fraser	√	Bill Hershon	√	Janet Nassar	√	Laura Thomas	√
Norm Nickens *(Chair)*	√	Linford Gayle	√	Danny Joe	√	Bob Nelson	√	Rita Times	√
Steve Lew*(Chair)*	√	Barbara Garcia	√	Susan Karp	√	Carmen Portillo	√	Jerry Windley	√
Steve Burns	√	Jaime Geaga	A	Jon Henry Kouba	E	Steve Roger	√	Mary Jane Wood	A
Pat Christen	√	John Gressman	√	Gerald Lenoir	√	Sean Sasser	E		
Gene Copello	√	Chris Hall	√	Gifford S. Leoung	A	Rudy Servin	√		
Mariam Farooq	A	Lester Hanson	A	J.B. Molaghan	√	Mike Shriver	A		

STAFF: Charles Brand, Kandyce Collins, Walta De Lemos Brown, Terri Dowling, Valerie Dorr, Bill Haskell, Russ Zellers

2. The April 10 Minutes are modified as follows: Motion <B> should read "regarding ~~Buddy Companion~~ *Mental Health* services." Barbara Garcia voted *against* the motion. Ms. Christen, Ms. Estela Garcia and Mr. Lenoir abstained from approval of the Minutes.

3. VOTE: Motion <A> Y= For; A = Abstain; N= Opposed; O = Not present at vote. ***Passed 17-1-1.***

Burns	Y	Fraser	Y	Gressman	O	Joe	Y	Molaghan	Y	Portillo	Y	Thomas	Y
Christen	Y	Goyle	Y	Holl	A	Karp	Y	Nassor	Y	Roger	Y	Times	Y
Copello	Y	B. Garcio	Y	Hershon	N	Lenoir	Y	Nelson	Y	Servin	Y	Windley	O

Attendees received: AIDS Office, *AIDS Case Management Consultation: Scope of Work*, 4/24/95.

4. Letter: Israel Chideya, Haight Ashbury Alcohol Treatment Services, to the Council, 4/14/95, 2 pp.. *(Copies were available to attendees)*

5. VOTE: Motion <B> Y= For; A = Abstain; N= Opposed; O = Not present at vote. . ***Passed 15-1-3.***

Burns	A	Fraser	Y	Gressman	Y	Joe	Y	Mologhon	Y	Portillo	O	Thomas	Y
Christen	N	Gayle	A	Hall	Y	Korp	Y	Nossor	Y	Roger	Y	Times	Y
Copello	A	B. Gorcio	Y	Hershon	Y	Lenoir	Y	Nelson	O	Servin	Y	Windley	Y

Attendees received *Substance Abuse Treatment Services*, revised 4/18/95, listing and explaining the caps.

GLOSSARY:

ADAP **A**IDS **D**rug **A**ssistance **P**rogram, the California program providing easily accessible pharmaceuticals to persons with AIDS.

CARE The Federal **C**omprehensive **A**IDS **R**esources **E**mergency, or Ryan White, Act, the major source for funding AIDS services.

HOPWA **H**ousing **O**pportunities for **P**ersons with **A**IDS, a Federal program to assist in funding housing persons for HIV/AIDS clients.

CALENDAR

May 8 Planning Council Meeting

May 22 Planning Council Meeting

The Council meets on the second and fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. The site is fully accessible, and assistive devices and signing are provided upon adequate notice. Minutes of meetings and all information distributed to the Council Members, are available for inspection and copying. For further information, call the Council's staff, 554-9549. *Minutes of Meetings are tentative until formally approved by the Council.*

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HIV Health Services Planning Council

May 22, 1995

4:30-pm. *25 Van Ness Av., 3rd Floor*

Agenda

I.	**Roll Call.**	4:30-PM
II.	**Review and Approval of Minutes** of April 24 and Agenda of May 22, 1995.	4:35-PM
III.	**General Announcements.**	4:40-PM
IV.	**Public Comment.**	4:45-PM
V.	**Chairpersons' Reports** *(Estela Garcia, Steve Lew)*	4:50-PM
	• Technical Assistance Conference	
	• *Conflict of Interest* (Form 730).	
VI.	**Recommendations for Unallocated 1995-1996 CARE Award** [See Attachment]. *(Dr. Gurley)*. Vote.	5:00-PM
VII.	**Subcommittee Reports.**	
	• Membership Subcommittee.	5:50-PM
	• Long Range Planning Subcommittee.	5:55-PM
	• Evaluation Subcommittee.	
	◊ Recommendation regarding funding of Tom Smith Center. Vote.	6:00-PM
	◊ Approval of rates for case management and client advocacy. Vote. *(Russ Zellers)*	6:20-PM
	◊ Approval of rates for hospice care, rehabilitation, day respite, transportation, translation and adoption/ foster care assistance. Vote. *Russ Zellers)*	6:40-PM
	◊ Approval of rates for primary care and dental services *(Russ Zellers)*. Vote.	7:00-PM
VIII.	**Adjournment**	**7:20-PM**

Glossary:
CARE The Federal *C*omprehensive *A*IDS *R*esources *E*mergency, or Ryan White, Act, the major source for funding AIDS services.

Attachment: *(Members' Packets)*
[AIDS Office], *Recommendations for Unallocated 1995-1996 CARE Award.* 2 pages.

CALENDAR

May 22 - **Planning Council**

May 19 - Presentation of *Comprehensive5-Year Plan* to service providers.

May 25 - Bylaws Subcommittee *(5:30-PM)*

June 12 - **Planning Council**

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Attachment to Agenda - 5/22/95

Recommendations for Unallocated 1995-1996 CARE Award

CARE funds for 1995-1996 have been allocated with the following guidelines as directed by the CARE Council:

1. Agency awards for 1995-1996 were continued based on the monthly total award from the previous year's contract, so that all funded services would be "held harmless."

2. A new service category, System-wide Developments was created and funded at the level set by the Planning Council. This service category combined functions performed by the AIDS Office (such as Planning Council Support and Needs Assessment) with funding for the development of the centralized registration and information system, known as "Reggie."

3. Hospice care was awarded an increase in funding in order to increase capacity of residential hospice beds in the city by a percentage amount determined by the CARE Council.

4. Finally, agency contracts were extended with remaining dollars to ensure continuation of services by all providers through March 31, 1996, whether they are funded by Formula or Supplemental funds. This decision was also made to buffer any possible cuts in next year's CARE funding by extending services with this year's money for two additional months.

With each of these actions taken, and calculations completed for monthly amounts, extensions and increases, there still remains approximately $2.16 million unallocated to be spent by March 31, 1996. Therefore, the AIDS Office makes the following recommendations for allocation of the unexpended funds:

- First, that the CARE Council decide whether or not to give Marin and San Mateo counties a percentage of the unallocated funds as an increase over their "hold harmless" amount. We recommend that this percentage be the same as that of their funding from the award as a whole. After deducting this amount (4.13% for Marin and 6.12% for San Mateo), the total amount of allocated funds is $1.93 million.

- Second, that all unexpended money be reserved to cover any or all potential loss in HOPWA funding for this year to cover supportive services.

  This decision would achieve two purposes:
  1.) If HOPWA is eliminated, services could continue uninterrupted for an additional year in existing systems. The total amount of service contracts which could roll-over to CARE if HOPWA is eliminated is

  $2.77 million for existing supportive services contracts
  and
  $ .58 million for pending supportive services contracts
  $ 3.35 million total

  2.) If HOPWA is reduced, funding for services could be shifted to CARE so that more of the remaining HOPWA funds could be utilized to cover capital investments instead of service provision. (Purchasing of capital, such as property, is not allowed with CARE dollars, but is allowed with HOPWA funds. Maximizing capital purchasing is a priority set out by the HIV Housing Five Year Plan for coordination of CARE and HOPWA dollars).

- Third, that remaining unexpended funds (if HOPWA is funded fully, or only slightly reduced) be directed to purchase housing subsidies (preferred by 89% of clients in the CHIPS system) to

address needs identified through the CHIPS process. The choices for funding to be made by the Council include:

1.) Using all unexpended funds (as determined by HOPWA's level of funding) to purchase subsidies. Estimates based on present contracts for the per client cost--including security deposit, money management and representative and payee services, and housing advocacy and case management service--is a cost of $8,810 per client per year. This would result in an approximate 220 new clients housed with subsidies for the total of $2.16 million, or 219 new clients if money is deduct from the total for San Mateo and Marin.

or

2.) Using part of the unexpended funds for housing subsidies and part to support the Human Rights Commission. Removing the $50,000 for the Human Rights Commission reduces by six clients the number of people to receive subsidies.

or

3.) Using part of the unexpended funds for housing subsidies and part to support increased placements through CHIPS by funding four one-half time intake workers to perform intakes so that other workers can focus on finding apartments for clients who have subsidies. The approximate cost of doing so would be 0.5 FTE per Access Site ($12,500) times four sites for a total of $50,000. Allocating money for improving placement of clients into housing would decrease by six clients the number of people to receive subsidies.

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HIV Health Services Planning Council
Minutes of Meeting
May 22, 1995

I. **Roll Call**[1].

II. **Review and Approval of Minutes and Agenda.**
The minutes of April 24 and the agenda of May 22 were approved.[2]

III. **General Announcements.**
Mr. Windley: On May 23 The Board of Supervisors' Public Health, Safety, and Environment Committee will discuss adding Chinese medicine to services offered by the City health plan. From July 1 it will include acupuncture services.

IV. **Public Comment.**
Mr. Howard Moffett asked that service providers receive longer notice of meetings related to rates and services.

V. **Chairpersons' Reports**
Dr. Gurley will attend the CARE Technical Assistance Conference in Washington, June 28-30. Provision has been made for a Member to attend. Interested Members should contact her.

VI. **Recommendations for Unallocated 1995-1996 CARE Award.**
Dr. Gurley reviewed the AIDS Office's recommendations for unallocated 1995-1996 CARE funds.[3] *Ms. Thomas* made the following motion, which passed:[4]

<A> **That Marin and San Mateo counties receive the same percentage of the unallocated 1995-1996 CARE funds as their percentage of the award as a whole (4.13% and 6.12% respectively).**

Ms. Times made the following motion, which passed:[5]

<B> **That unallocated 1995-1996 CARE funds remaining after the deduction for Motion <A> be used to (1) continue to fund the Human Rights Commission position related to intervention for HIV-positive persons ($50,000) and (2) fund any reduction made in San Francisco's HOPWA grant by July 1, 1995.**

The following motion was suppressed by Motion <D>:

That the balance of unallocated 1995-1996 CARE funds remaining after the deduction for Motions <A> and <B> be used to fund an 0.5 FTE at each CHIPS access site ($104,000), and for rental subsidies.

Ms. Fraser made the following motion, which passed by acclamation:

<C> **To table all motions regarding disposition of unallocated 1995-1996 CARE funds, except Motions <A> and <B>, pending further discussion.**

VII. **Subcommittee Reports**

- **Membership Subcommittee.** *Ms. Estela Garcia:* Four persons have been nominated to Council membership.
- **Long Range Planning Subcommittee.** *Mr. Lew:* The Subcommittee reviewed the chief presentation points for the *HIV Health Services Comprehensive Five Year Plan* and commenced training. The *Plan* has been presented to the AIDS Office staff and CARE providers.
- **Evaluation Subcommittee.** Dr. Katz said that Community Substance Abuse Services will close its Tom Smith Center on July 1. The last group of patients were admitted on May 15, for the 45-day course of treatment. The Center received 70% of its funding from CARE sources, but has not maintained that level of HIV-positive patients or found a site that meets Fire Code and ADA requirements. The Evaluation Subcommittee recommends using unexpended Tom Smith funds as follows: (1) To match $300,000 in CSAS funds for a contract with a community based provider for equivalent, medical model services for multiple diagnosed patients, half of whom would be HIV-positive; (2) To expend the remaining $700,000 on satellite housing with check-in for persons who completed residential treatment or are in methadone maintenance or outpatient treatment programs. *Mr. Nelson:* Licensing requirements for various alternatives should be checked carefully, since some would require preliminary expenditures that might leave little for actual programs. Several Members and non-Members urged that the Council receive more information about actual service logistics and needs, and the ability and probability of potential contractors to serve the type of clients that the Tom Smith Center fo-

cused on. *Mr. Windley:* Larry Meredith of CSAS advises that a new contract could not go through until September. *Mr. Joe* and *Ms. Nassar* recommended utilizing a sole-source contract to help bridge any gap in services.
Mr. Molaghan made the following motion, which passed:[6]

<*D*> **That sufficient funds from the CSAS contract for Tom Smith Center services be sole-sourced to a community provider, to establish a 12-bed component for delivering medical model residential treatment to persons with a mental health or other medical illness in addition to HIV. The period will be from July 1, 1995 to March 31, 1996, with presumed renewal of the RFP. Awardee's services will be closely monitored to ensure that the patients typically served by Tom Smith continue to have accessibility.**

Mr. Joe made the following motion, which passed by acclamation:

<*E*> **To continue discussion of rates for case management, client advocacy, hospice care, rehabilitation, day respite, transportation, translation, adoption/ foster care assistance, primary care and dental services until the meeting of June 12.**

VIII. Adjournment: 7:20-PM.

NOTES:

1-ROLL CALL — **Quorum: 4:40-PM** — √ = *Present;* A = *Absent*; **E** = *Excused Absence*; **L** = *Leave of Absence*

Estela Garcia *(Chair)*	√	Mariam Farooq	√	Chris Hall	√	Gifford S. Leoung	L	Sean Sasser	L
Norm Nickens *(Chair)*	E	Marcy A. Fraser	√	Bill Hershon	√	J.B. Molaghan	√	Rudy Servin	E
Steve Lew*(Chair)*	√	Linford Gayle	√	Danny Joe	√	Janet Nassar	√	Laura Thomas	√
Steve Burns	√	Barbara Garcia	E	Susan Karp	√	Bob Nelson	√	Rita Times	√
Pat Christen	A	Jaime Geaga	E	Jon Henry Kouba	A	Carmen Portillo	E	Jerry Windley	√
Gene Copello	A	John Gressman	E	Gerald Lenoir	A	Steve Roger	A	Mary Jane Wood	√

STAFF: Charles Brand, Valerie Dorr, Terri Dowling, Jan Gurley, Mitch Katz, Russell Zellers

2-Ms. Woods abstained from approval of the minutes.

3-[AIDS Office], *Recommendations for Unallocated 1995-1996 CARE Award.* 2 pages. (Distributed with the 5/22 Agenda.)

A = Abstain; N= Opposed; Y= For; O = Not present at vote.

4-VOTE on Motion <A>	Burns	√	Gayle	O	Joe	√	Nassar	√	Times	√
	Farooq	√	Hall	√	Karp	√	Nelson	A	Windley	√
	Fraser	√	Hershon	√	Molaghan	√	Thomas	√	Wood	A
5-VOTE on Motion <B>	Burns	√	Gayle	√	Joe	√	Nassar	√	Times	√
	Farooq	A	Hall	√	Karp	√	Nelson	A	Windley	√
	Fraser	√	Hershon	√	Molaghan	√	Thomas	√	Wood	√
6-VOTE on Motion <C>	Burns	O	Gayle	√	Joe	√	Nassar	√	Times	√
	Farooq	√	Hall	N	Karp	√	Nelson	N	Windley	√
	Fraser	O	Hershon	√	Molaghan	√	Thomas	N	Wood	N

GLOSSARY:

CARE The Federal *C*omprehensive *A*IDS *R*esources *E*mergency, or Ryan White, Act, the major source for funding AIDS services.
HOPWA *H*ousing *O*pportunities for *P*ersons with *A*IDS, a Federal program to assist in funding housing persons for HIV/AIDS clients.

CALENDAR

June 12 - Planning Council ***June 26 - Planning Council***

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NOTICE

THE FUTURE OF HIV HEALTH SERVICES IN SAN FRANCISCO
A Client-Centered System of Care

☞ Learn about the public plan for HIV health services for the years 1996-2001.

Background

San Francisco has received Federal Ryan White CARE funds for five years, and has developed an extensive array of services for persons with HIV disease. *The HIV Health Services Planning Council* is a publicly-mandated and appointed body that determines what services are needed, and who will supply them. Many Planning Council members are infected or affected by HIV/AIDS. Some are professionals or volunteers involved in HIV/AIDS service organizations. *All* are advocates for services that effectively meet the community's health needs.

The Plan

For two years the Planning Council has been gathering data, monitoring existing services, and interviewing service recipients, to plan for the second cycle of the CARE Act. The final document, *A Client-Centered System of Care,* will be effective in Spring 1996, and guide the Planning Council's activities.

The community is cordially invited to an education forum for clients. Members of the Planning Council will review the Plan and discussion is invited. For further information, contact the AIDS Office, 554-9116.

MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL
Community Education Forum for Clients
on the HIV Health Services Plan

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101 Grove Street, Room 300
Wednesday, June 7, 1995
5:30 to 7:30-PM

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HIV Health Services Planning Council

June 12, 1995

4:30-PM. *25 Van Ness Av., 3rd Floor*

AGENDA

I.	**ROLL CALL.**	4:30-PM
II.	**REVIEW AND APPROVAL OF MINUTES** of March 27 and Agenda of April 10, 1995.	4:35-PM
III.	**GENERAL ANNOUNCEMENTS.**	4:40-PM
IV.	**PUBLIC COMMENT.**	4:50-PM
V.	**CHAIRPERSONS' REPORTS** *(Estela Garcia, Steve Lew, Norm Nickens).* Legislative update on CARE reauthorization and HOPWA.	5:00-PM
VI.	**SUBCOMMITTEE REPORTS.**	
	• **MEMBERSHIP SUBCOMMITTEE.**	5:15-PM
	• **BYLAWS SUBCOMMITTEE**	
	◊ Adoption of Planning Council Bylaws *(Norm Nickens).* Vote.	5:20-PM
	• **LONG RANGE PLANNING SUBCOMMITTEE.**	5:40-PM
	• **EVALUATION SUBCOMMITTEE.**	5:45-PM
VII.	**REVIEW OF CURRENT HOUSING NEEDS (JAN GURLEY, NORM NICKENS).**	5:50-PM
VIII.	**PRESENTATION OF SAN FRANCISCO REDEVELOPMENT AGENCY'S PROPOSED ALLOCATION OF 1995 HOPWA FUNDS** *(Jack Robertson, Chris Harris).* Vote.	6:05-PM
IX.	**ALLOCATION OF UNEXPENDED CARE FUNDS** *(Jan Gurley).* Vote.	6:35-PM
X.	**ADJOURNMENT.**	7:20-PM

GLOSSARY:

CARE The Federal **C**omprehensive **A**IDS **R**esources **E**mergency, or Ryan White, Act, the major source for funding AIDS services.

HOPWA **H**ousing **O**pportunities for **P**ersons with **A**IDS, a Federal program to assist in funding housing persons for HIV/AIDS clients.

CALENDAR

June 12 - Planning Council ***June 26 - Planning Council***

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ARTICLE I - NAME

Section 1. The name of this Council shall be the HIV Health Services Planning Council.

ARTICLE II - MEMBERSHIP

Section 1. The membership shall be comprised of persons recommended by the Subcommittee on Membership and appointed by the Mayor. The Subcommittee on Membership shall be governed by the Council's Process for the Nomination and Appointment of New Members, attachment "A". Current members ~~are~~ shall be listed in the written minutes of each meeting.

Section 2. The Mayor may appoint additional members to the Council for the purpose of expanding the membership or to fill vacancies which may occur. Membership shall include representatives of:

(1) affected communities, including individuals with HIV disease;
(2) health care providers;
(3) community-based and AIDS service organizations;
(4) social service providers;
(5) mental health care providers;
(6) local public health agencies;
(7) hospital planning agencies or health care planning agencies;
(8) non-elected community leaders;
(9) State government;
(10) grantees of early intervention programs; and
(11) the lead agency of any Health Resources and Services Administration adult and pediatric HIV-related care demonstration project operating in the area;
(12) hemophiliacs;
(13) the incarcerated;
(14) home and community-based care projects;
(15) homeless;
(16) physically disabled, including visually or hearing impaired;
(17) advocates for new immigrants and undocumented persons;
(18) housing authority, or agency administering HOPWA program;
(19) State administered community-based care project;
(20) individuals with a history of substance abuse;

(21) youth;
(22) TB programs;
(23) consumers;
(24) San Mateo and Marin Counties.

The Subcommittee on Membership shall make periodic, not less than quarterly, reports on the representation of categories listed above and on any current vacancies.

No person may subsitute for a member at meetings, with the exception of the State government representative.

Section 3. The term of office on the Planning Council shall be a minimum of one year, with the option of reappointment by the Mayor. The size of the Planning Council shall be no more than thirty-five (35) members.

Section 4. ~~The Mayor shall appoint~~ The Council shall elect, at the first meeting in July, Co-Chairpersons who shall preside at all meetings of the Council. One of the elected Co-Chairs shall be a person with AIDS/HIV. The Director of the AIDS Office, or his/her designee, shall serve as an additional Co-Chair. The Council Chairpersons shall appoint all subcommittees and working groups, and shall perform all other duties necessary or incidental to the position. The Council ~~shall~~ may designate alternate acting co-chairpersons to preside over meetings during the absence of the appointed Co-Chairs.

ARTICLE III - PURPOSE

Section 1. To develop and prepare San Francisco's comprehensive HIV health service plan.

Section 2. To establish priorities for the allocation of federal Comprehensive AIDS Resources Emergency Act (CARE) funds within San Francisco.

Section 3. To assess the efficiency of administrative mechanisms in rapidly allocating funds to areas of greatest need.

ARTICLE IV - MEETINGS

Section 1. Quorum. A quorum of the Council must be present at any regular or specially scheduled meeting in order for the Council to engage in formal decision-making. A quorum is defined as more than one-half of the membership, excluding those members on an authorized leave of absence. Absentee votes shall not be permitted.

Section 2. Proceedings. Council meetings shall be open to the public. Meetings will be tape recorded, with recordings available to Council members and the public for their review. Meeting recordings will be held for a minimum of three months. Written minutes will be made available prior to the following meeting and will be a public document.

Section 3. Voting. While the Council will strive for consensus, every official act taken by the Council shall be adopted by a majority vote. A majority vote shall mean two-thirds (66%) of all members of the Council present or voting. If absent, a Council member may specify in writing (including FAX) his or her opinion on an identified agenda item. This information will be shared with the Council by Council staff, but will not be considered a vote. ~~Co-chairpersons~~ The Co-Chair representing the AIDS Office and Council Staff do not vote.

Section 4. Parliamentary Procedure. The rules of parliamentary practice, as set forth in Robert's Rules of Order, shall govern all Meetings of the Council except as otherwise provided herein.

Section 5. Order of Business. The order of business of any Regular Meeting shall be as follows:

1. Roll Call.
2. Approval of Minutes.
3. Public Comment
4. Reports of Chairpersons.
5. Reports of Subcommittees.
6. Consideration of Main Agenda.
7. Adjournment.

Section 6. Notice. Written ~~or oral~~ notice of the time and place of every Regular, Special and Subcommittee Meeting of the Council shall be given to members of the Council and to the public at least seventy-two (72) hours before the time of such meeting.

Section 7. Regular Meetings. Regular Meetings of the Council shall be held the second and fourth Monday of each month from 4:30 to 7:30 p.m. Extension of meeting times or additional meetings will be scheduled as needed. Any change in meeting schedule shall be announced at least seventy-two (72) hours in advance.

Section 8. Special Meetings. Special Meetings may be called and scheduled by the Co-Chairpersons or by six or more members. The agenda, place, and time of such Meetings shall be set forth in the Meeting notice, at least ~~(twenty-four 24)~~ seventy-two (72) hours before the time of such meeting.

Section 9. Subcommittee Meetings. Subcommittee meetings of the Council shall be set forth in the Meeting notice. The Subcommittees shall be designated by the Co-Chairpersons or established by vote of the membership.

ARTICLE V - LEAVE OF ABSENCE

Section 1. A leave of absence is requested by written notice to Co-chairpersons. A leave of absence may not exceed ~~six (6)~~ two (2) months. Persons not returning by the end of the ~~six (6)~~ two (2) month period will be considered to have resigned. Leaves of absence are granted only for reasons of work or personal or family health. ~~Leaves of absence will be granted without restriction, and the number for the quorum will be adjusted.~~ The number of members required to establish a quorum shall be adjusted to exclude members on authorized leaves of absence. Individuals are encouraged to consider the adequate representation of their constituency when deciding between a leave of absence or resignation.

ARTICLE VI - TERMINATION

Section 1. Members ~~shall~~ may be terminated from the Council for three (3) excused, one (1) unexcused or any combination of these absences for a total of (4) absences within one quarter (3 months). Excused absences defined as being due to: illness (including critical family illness or death), emergency patient care, or work-related mandatory travel. Attendance of members shall be reviewed quarterly.

Section 2. In consideration of the need for representation of persons with HIV, those individuals shall be exempt from the above termination clause for absences due to illness.

Section 3. The Council member shall be terminated by the Mayor upon recommendation of the Council, and upon recommendation of the Subcommittee on Membership the Mayor shall reappoint a new Council member to fill the vacancy.

ARTICLE VII GRIEVANCES AND APPEALS

Persons or agencies must submit an appeal request to the Co-Chairs. This appeal must meet the following criteria:

A. The appeal request must be received in writing within ten (10) business days of a Planning Council decision;

B. The appeal request must specify the reasons for an appeal. Available supporting documentation regarding an alleged violation of the Council's process must be included;

C. Appeals of probation or defunding shall be governed by the provisions of Attachment "B", **Probationary/Defunding process for CARE-funded Health Service Programs.**

The Co-Chairs shall review the request for appeal of a Council decision and shall determine within 15 (fifteen) days if a basis for appeal exists. If a basis for appeal is found to exist the matter shall be referred to the Subcommittee on Evaluations for fact-finding, hearing and decision making. If no basis for appeal is determined, the appealing party may request reconsideration of the Co-Chairs decision by the full Planning Council. The decision of the Planning Council shall be final.

After a finding that the basis for appeal exists, the Subcommittee on Evaluations shall within 30 (thirty) days meet to conduct a review of the pertinent facts of the appeal. Representatives of the appealing party shall be consulted, and shall have the opportunity to address the Subcommittee on Evaluations, in addition to other parties as deemed appropriate by the Subcommittee on Evaluations. The Subcommittee on Evaluations shall issue a written recommendation regarding the appeal within 10 (ten) days.

Appeal determinations shall be forwarded to the Planning Council for approval, modification, or referral to Subcommittee. The decision of the Planning Council shall be final and not subject to further appeal.

ARTICLE VIII - AMENDMENTS

Section 1. These Bylaws may be amended by the Council at any Regular Meeting by a majority (two-thirds) vote, following thirty (30) days notice of any proposed changes.

I hereby certify that the foregoing bylaws were amended by the HIV Health Services Planning Council at its regular meeting on June , 1995.

Charles Brand
HIV Health Services Planning Council Coordinator

(A)

HIV Health Services Planning Council

Adopted on March 28, 1994

PROCESS FOR THE NOMINATION AND APPOINTMENT OF NEW MEMBERS

Background

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 provides emergency disaster relief funds to support HIV services in Eligible Metropolitan Areas (EMAs) hardest hit by the AIDS epidemic. In order for EMAs to receive funds, the CARE Act mandates EMAs create an HIV Health Services Planning Council to establish priorities for the use of CARE funds. The San Francisco HIV Health Services Planning Council was initially formed in November 1990. The Planning Council is the coordinating and oversight body for CARE Title I funds for the EMA, and is also the CARE Title II Consortium for the City and County of San Francisco.

The purpose and duties of the Planning Council are: (1) to develop San Francisco's comprehensive HIV health services plan for the organization and delivery of health care services; (2) to establish priorities for the allocation of CARE funds; and (3) to assess the efficiency of administrative mechanisms in rapidly allocating funds to areas of greatest need.

The membership of the Planning Council shall include a broad representation of the full range of entities that provide HIV services, as well as the individuals who receive HIV services within the EMA. However, individual members are nominated and appointed for their personal or professional knowledge and expertise, and do not represent the interests of any particular HIV service provider.

Categories of Membership

The CARE Act mandates that each Planning Council shall include representatives of:

a. Affected communities, including individuals with HIV disease
b. Health care providers
c. Community-based AIDS service organizations
d. Social service providers
e. Mental health care providers
f. Local public health agencies
g. Hospital planning agencies or health care planning agencies
h. Non-elected community leaders
I. State government
j. The grantee of the early intervention program under CARE Title III
k. The lead agency of any Health Resources and Services Administration (HRSA) adult and pediatric HIV-related care demonstration project

In addition, the Planning Council has required representatives of:

a. Hemophiliacs
b. Incarcerated persons
c. Home and community-based care projects
d. Homeless persons
e. Physically disabled persons, including the visually and hearing impaired
f. Advocates for new immigrants and undocumented persons
g. The Housing Authority, or agency administering HOPWA program
h. The State administered community-based care project

Standards for Membership

In its efforts to maintain representation of all mandated legislated categories as well as locally required categories, the Planning Council also strives to meet the following standards which reflect its goals for diversity:

1) one-third of the members represent community-based organizations, one-third hospitals and institutions (including the Department of Public Health), and one-third communities at large.

2) 30% of the members be persons openly identified as living with HIV disease, and these individuals be reflective of the EMA's HIV demographics. (Other persons with HIV disease may serve on the Planning Council without being public about their status).

3) the total representation on the Planning Council have a majority of gay/bisexual/lesbian persons and, of that group, at least 50% be persons of color.

4) representation be expanded to increase consumer expertise and experience in accessing services.

5) representation be expanded on behalf of historically underserved and disproportionately affected persons, including women with HIV disease.

6) consideration also be given to geographic representation for high risk and/or high incidence areas.

Nomination and Appointment Process

The process for the nomination and appointment of new members to the Planning Council, as well as the review of all issues related to membership, should be overseen by a permanently established subcommittee, called the **Subcommittee on Membership**.

1. The Subcommittee on Membership will meet at least twice each year to evaluate the representation and the diversity of the membership on the Planning Council.

2. If federally mandated or locally required membership categories have not been filled, or if vacancies have occurred, the Subcommittee will identify the areas of expertise required and will prepare to replace them.

3. As part of its evaluation process, the Subcommittee may prioritize specific membership vacancies, and emphasize the need to obtain particular areas of knowledge or expertise.

4. The Subcommittee will report to the Planning Council that its membership needs to be broadened, and will recommend the Council notify the community that: a) vacancies exist in specific membership categories; and b) nominations for membership may be submitted.

5. An advertisement requesting nominations for specific categories of membership on the Planning Council will be placed in San Francisco's newspaper of record, and in a variety of other local community and gay/bisexual/lesbian newspapers.

6. For those specific agencies required to be on the Planning Council for purposes of coordination and collaboration, a letter requesting nominations for membership will be mailed to each Executive Director. Because such nominees will be representing these agencies, these individuals will need to be approved by each agency's Board of Directors.

7. All nominations for membership to the Planning Council should be submitted to Subcommittee on Membership, addressed to the Health Services Branch of the AIDS Office.

8. Nominations may be submitted in writing by organizations or individuals and may originate from community-based service providers, institutions or the Department of Public Health.

9. Written nominations should consist of a brief letter which demonstrates: a) the individual's experience, knowledge and expertise; b) the membership category which would be filled; c) any standards for membership which would be addressed; and d) a willingness to make a two year commitment to the activities of the Planning Council.

10. The Subcommittee will review all nominations, documenting its process, and will recommend to the Planning Council nominations which most effectively fills the vacant categories of membership.

11. The standards for membership will always be taken into consideration in evaluating nominations. The Subcommittee will give priority to nominees who: (1) fill vacant categories of membership; and (2) address one or more of the standards for membership.

12. The Planning Council will review and accept the recommendations of the Subcommittee, and will submit the nominations to the Mayor for consideration, for appointment as members.

13. Following a review and consideration of these recommendations, the Mayor may appoint new members to the Planning Council to expand the membership and to fill vacancies.

14. To assist unaffiliated members to be actively involved in Planning Council activities, stipends will be available for transportation, child care, and food.

15. The term of office shall be a minimum of two years. Appointments for those members representing specific agencies are only for as long as they are employed by such agencies.

o/wp/PCnom

B

Probationary Process for CARE-Funded Health Services Programs
Operated by Community Based Organizations or the Department of Public Health
Distributed June 7, 1993
Originally Approved by the Planning Council 5/3/93
PROPOSED REVISION 6/14/93

Introduction

ll Department of Public Health contractors are required to provide services and to operate as specified y the terms of the contract exhibit(s), budget, and boilerplate agreement. All CARE contractors ceive at least an annual contract monitoring which evaluates compliance with the terms of the ntract, service delivery, standard of care, and general operating practices. This probationary process intended as corrective action which would occur only after other, routine measures have failed, and/or hen the instances of non-compliance are substantial and affect service delivery.

Definitions

gency"

The Community Based Organization contracted to provide services (includes both the service provider and the fiscal agent).

The Department of Public Health Division with a Memorandum of Understanding to provide CARE funded services.

ontract"

The certified agreement between the Department of Public Health and the agency.

The final Memorandum of Understanding between the DPH AIDS Office and another DPH Division.

ecutive Director"

Beginning with step 5, this refers to the Executive Director of both the service providing agency and the fiscal agent. Before step 5, the "Executive Director" refers to the AIDS Office's usual contact for monitoring reports, i.e., the Director of the service providing agency or the fiscal agent.

This refers to the DPH program administrator responsible for execution of the MOU.

rd President

Beginning with step 5 this refers to the Board President of the fiscal agent, as well as the Board President of the service providing agency. if applicable. This term is not used before step 5.

This refers to the DPH Division Director.

III. Procedure

1. After a formal site visit, an agency (not necessarily including the fiscal agent) receives a monitoring report which includes: (a) a programmatic review and an agency-wide administrative/fiscal review for each specific program operated by the CBO; or (b) only a programmatic review for each specific program operated by a division of DPH. The report provides review team recommendations, which include commendations as well as recommendations and timelines. The service provider and/or fiscal agent is given a minimum of ten working days to return the signed monitoring report to: (a) endorse the findings; (b) add additional information, or explain extenuating circumstances; or (c) disagree with the findings.

2. The Health Services Branch of the AIDS Office includes a letter with the monitoring report, offering an opportunity for an agency Executive Director and appropriate staff to meet with the Program Manager and the Planning Council representative from the program's review team to discuss the monitoring report findings, interventions and timelines. Scores cannot be changed, except to reflect corrections made to factually inaccurate information. However, timelines can be extended.

3. Based on the original monitoring report findings and recommendations, or later problems with contract compliance, the AIDS Office may recommend that a program either: (a) be placed on probation, or (b) be defunded, with specific justifications for the recommendation. If probation is recommended, the AIDS Office must specify length of time for this action.

   Probation would be recommended for: failure to comply with contractual requirements (e.g., generally accepted accounting practices); failure to comply with specified policies and procedures; or failure to comply with performance requirements (e.g., provision of less than 50% of units of service or unduplicated clients). Probation might also include placing the contractor in receivership. Receivership includes assigning a DPH representative to be physically present for selected hours at the contracting agency during the probationary period. This representative reviews and approves all line item expenditures related to City contracts, reviews and approves all contract payment invoices submitted to the AIDS Office, reviews all personnel time reports for staff funded through contracts, reviews monthly bank statements on all accounts, and reviews personnel actions to be sure that they are consistent with Board policy and procedure (includes hiring and termination).

   It should also be noted that earlier interventions are available. The AIDS Office Fiscal Policies and Procedures (see attached) outlines: (a) accounting and invoicing procedures, and (b) contract performance requirements (e.g., provision of less than 90% and 75% of units of service or unduplicated clients, and steps that will be taken to bring a program into compliance with these procedures and requirements). Per the terms of a City contract, the City may withold any and all payments to a CBO until reports and/or requirements are received from the contractor and approved by the City. (Please see attached.)

   Defunding can be recommended because of: gross infractions of federal, state, or local law (e.g., fraud); failure to address mandated interventions and timelines required during a probationary period; continued failure to comply with performance requirements; because an agency is determined to be poorly governed (e.g., insufficient oversight by the board of Directors or by the staff appointed by the Board); or because a service is determined not to be needed. Defunding may take any one of three forms, depending on the reason for defunding:

a. 30 day termination notice before the usual end of a contract period, with a plan to transition clients to another provider;

b. Termination at the end of a regular contract period, with a plan to transition clients to another provider.

c. Termination with 30 day notice before the usual end of a contract period, without transitioning services. This would usually occur because services are no longer needed.

NOTE: SFDPH AIDS Office contracts may be renewed annually. However, contracted programs may not be renewed due to lack of funding availability, reprioritization of service needs or low utilization of services. If the Planning Council chooses not to renew a contract for any of those reasons, and does not intend to transition existing clients to another provider, this action is not considered to be "defunding" and no appeal is available. If a contracted program is selected for "re-bidding" to identify a provider to start at the natural end of the current contract term, and this action is taken as part of the annual contract monitoring cycle, this action is not considered to be "defunding" and no appeal is available.

4. During a probationary period, the service provider/fiscal agent has the opportunity to address all mandated interventions and timelines included in a monitoring report. However, a probationary process for a program could be concluded and defunding recommended at any time if one or more of the following are determined to have occurred: (a) a gross infraction of the law; (b) significant inability of the Board of Directors to manage the organization; or (c) significant inability of the organization's staff to deliver services or manage day to day operations.

5. Recommendations for probation or defunding, if based on a monitoring visit, are included in the monitoring report for the specific program. If developed separately from the monitoring visit, they will be incorporated into a letter to the Planning Council and appended to the monitoring report. A letter with these recommendations will also be sent to the agency Executive Director and Board President, who will have a minimum of ten working days to respond (before the recommendation is presented to the Subcommitee on Evaluation - see Step #7).

A recommendation for a probationary period for a specific program originates from the AIDS Office, the Planning Council, or the monitoring team, and is presented to the Planning Council for endorsement.

A recommendation for defunding a specific program can originate from: (a) the monitoring review team, (b) the AIDS Office, (c) the Planning Council, or (d) the Health Commission. Presentation of a defunding recommendation to the Planning Council from the monitoring review team or the AIDS Office will occur via the Planning Council's Subcommittee on Evaluation.

Five working days prior to the Planning Council's consideration of the defunding recommendation, the agency's Executive Director and Board President are notified of the specific reasons for the consideration by the AIDS Office's Associate Director of Administration. The agency can present testimony on its own behalf.

9. The acceptance or rejection of a recommendation to defund a specific program is a decision of the Planning Council. A sole exception is a defunding recommendation originating from the Health Commission, which can be acted on unilaterally and without Planning Council approval. The Health Commission can also refuse to approve a contract presented for their review.

10. Within 3 working days of the Planning Council's decision to defund a program, the agency's Executive Director and Board President will be notified by certified letter. This letter will include the specific jusifications for a defunding. If the decision is to defund immediately, the letter may at this time provide a minimum of 30 days notice of contract termination. 30 days termination notice may also occur later, in order to allow time to develop a transition plan for clients.

11. Within five working days following the receipt of written notification, the agency may make a written appeal to the Planning Council's Subcommittee on Evaluation. Appeals must be signed by the fiscal agent's Board President. Appeals must be based on either: a) violation of the process outlined in this document; b) disagreement with the justifications originally presented for defunding.

12. Within five working days of receipt of a written appeal, the Subcommittee will examine the defunding decision. This meeting is open to the public, but the Subcommittee may discuss in private any information presented. The agency's Executive Director and Board President are notified of date, time and place of the meeting by the AIDS Office Program Manager so that the agency can present testimony on its own behalf. All decisions must be made in the public portion of the meeting.

    a. The Subcommittee may request the AIDS Office Program Manager and monitoring team members to review the history behind and the reasons for the defunding recommendation.

    b. The Subcommittee's review focuses on the service provider/fiscal agent's grounds for the appeal of the Planning Council's defunding decision.

13. Within three working days, the agency's Executive Director and Board President are notified by certified letter of the Subcommittee's decision and reasons for either: (1) denying the appeal and upholding the defunding decision, (2) accepting the appeal and recommending that the Planning Council rescind the defunding decision, or (3) recommending that the program be monitored again within a specific period of time (i.e., put or maintained on probation).

14. The decision and reasons of the Subcommittee on Evaluation are final. If the appeal is denied and the defunding decision is upheld, then no further action is required by the Planning Council. If the appeal is accepted, then the Planning Council would need to consider endorsing this decision (i.e., accept the recommendation to rescind the defunding decision).

15. Once a decision to defund a program has been either: (a) upheld by the Planning Council, or (b) made by the Health Commission, termination of the program begins. The City may terminate the contract for the program by giving 30 days' written notice of the intent to terminate.

16. The AIDS Office begins a transition of contractual services to another provider immediately upon issuance of the 30 day notice.

Subcommittee on Evaluation (as of 6/7/93): Mary Jane Wood, Yvonne Frazier, and Laura Thomas. Rita Times will replace one of these members in case of a conflict of interest or lack of availability. Jon Dean Green will staff this body.

t\subcom (o\rfps\monitor)

HIV HEALTH SERVICES PLANNING COUNCIL

June 12, 1995

The Minutes of this meeting are missing.

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HIV HEALTH SERVICES PLANNING COUNCIL

1995

All Agendas and Minutes subsequent to June 12 are missing.

San Francisco Public Library
Government Information Center

HIV HEALTH SERVICES PLANNING COUNCIL

January 8, 1996

The Agenda of this meeting is missing.

San Francisco Public Library
Government Information Center

HIV Health Services Planning Council — January 8, 1996

Minutes of Meeting

I. ROLL CALL [1].

II. REVIEW AND APPROVAL OF MINUTES AND AGENDA
Minutes of 12/11/95 were approved (Abstentions: Copello, Green, Times, David, Savage), and Agenda for 1/8/96 was approved.

III. GENERAL ANNOUNCEMENTS. - *Jerry Windley*: A hearing is being calendared January 18th meeting before the Board of Supervisor's Health and Public Safety Committee on the admission of new drugs to the State's drug program and new funding sources. Call Jerry at 554-7788 for more information.

Norm Nickens: The AIDS Office has hired Mr. Louis Sands, Jr., as our new Housing Coordinator, the position previously held by Kandyce Collins.

PUBLIC COMMENT. - *None*

IV. CHAIRPERSONS' REPORTS: *Norm Nickens*: The Ryan White Supplemental Application is nearly complete and will be in the mail by Thursday. A few additions need to be made in the Bylaws in order to conform to other Planning Councils around the country. These concern Personal Liability of individual council members, and Conflict of Interest (see attachment). These changes will be voted on after a 30-day period of review.

Another Ryan White Technical Assistance Conference Call is scheduled for February 1st. These are primarily meant as training and technical assistance sessions and would be very helpful to Council members, particularly more recent members. Please contact me if you are interested.

The Ryan White Reauthorization is still in Conference Committee. We continue to wait and hope for the best (see attachment).

The REGGIE System will be going into the Alpha stage of testing starting in February. The AIDS Office has scheduled three REGGIE Orientation Trainings this month (see attachment).

The AO is looking for a Branch Chief for the Health Services & Prevention Branch (see attachment).

The renovation of the 3rd Floor Conference Room is scheduled to be completed on January 20 although the new furniture will not be here until mid-February.

V. SUBCOMMITTEE REPORTS: - *Norm Nickens*: The Logistics Administrative Committee is now responsible for refreshments during these meetings.

- Membership Subcommittee. - The next meeting will be Monday, January 29th from 5:30 - 7 PM. Member attendance and new member recruitment to fill vacancies will be discussed. Michael Chesek is still waiting for membership approval from the Mayor's Office. We will contact the new Mayor's Office and follow-up
- Long Range Planning Subcommittee. - *Laura Thomas:* We are holding a meeting on January 16th at 5:30 PM at the AIDS Office to further work on the consumer/client satisfaction survey and putting together a task force.
- Evaluation Subcommittee.- *Norm Nickens*: We met last week to discuss the probation of IHS which is scheduled to end on Jan. 15th. Their current contract expires on April 1. The performance of IHS has been less than ideal. RFPs have been issued to take up the services in this contract. The recommendation is to extend the probation of IHS through April in order to complete the RFP Process to find an alternate provider for this contract. This proposal was passed [2].

VI. PRESENTATION BY THE SALVATION ARMY. *Jerry W. Gaines, Major, Divisional Commander*: Major Gaines gave an overview and follow-up to recent developments around the issue of the beliefs of the Salvation Army. versus their policies in providing services to a diverse community.

VII. NEW BUSINESS: *Jerry Windley:* Has the new Mayor been invited to attend a Council meeting? *Laura Thomas:* The co-chairs have discussed presenting the 5-year plan with him and his staff. After his office has had a chance to settle, we will contact them with an invitation.

VIII. ADJOURNMENT AT 6:10 PM

[1] ROLL CALL	Quorum: 4:50-PM	✓ = *Present;* A = *Absent;* E = *Excused Absence.* L = *Leave of Absence*

Steve Burns	A	Mariam Farooq	✓	Bill Hershon	✓	Janet Nassar	A	Thomas Sinclair	✓
Tom Calvanese	✓	Marcy A. Fraser	L	Danny Joe	✓	Bob Nelson	✓	Laura Thomas	✓
Michael Chesek	✓	Barbara Garcia	✓	Susan Karp	✓	Norm Nickens	✓	Rita Times	✓
Pat Christen	A	Lynford Gayle	A	Jon Henry Kouba	A	Carmen Portillo	✓	Mario Valdez	✓
Gene Copello	✓	Jon Dean Green	✓	Gifford S. Leoung	A	Joy Rucker	✓	Jerry Windley	✓
Wayne Davis	✓	John Gressman	A	Steve Lew	E	Barry Savage	✓	Mary Jane Wood	E
Thomas Lee Eades	A	Dee Hampton	A	J.B. Molaghan	A	Rudy Servin	✓		

Staff: Eric Sorensen, Valerie Dorr

[2] VOTE on IHS Probation Extension

A = Abstain; N= Opposed;
Y= For; O = Not present at vote.

Burns	0	Green	Y	Nelson	A
Calvanese	Y	Gressman	0	Portillo	Y
Christen	0	Hampton	0	Rucker	Y
Copello	Y	Hershon	N	Savage	Y
Davis	Y	Joe	Y	Servin	Y
Eades	0	Karp	Y	Sinclair	Y
Farooq	Y	Kouba	0	Thomas	Y
Garcia, B.	Y	Leoung	0	Times	Y
Gayle	0	Lew	0	Valdez	Y
		Molaghan	0	Windley	Y
		Nassar	0	Wood	0

GLOSSARY:

AO	San Francisco Dept. of Public Health, AIDS Office
CARE	The Federal Comprehensive AIDS Resources Emergency, or Ryan White, Act, the major source for funding AIDS services.
HIV HSPC	HIV Health Services Planning Council
IHS	Independent Housing Services

Up-coming Meetings: January 8 - Planning Council
January 22 - Planning Council

The Council meets on the second and fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. The site is fully accessible, and assistive devices and signing are provided upon adequate notice. Minutes of meetings and all information distributed to the Council Members, are available for inspection and copying. For further information, call the Council's staff at 554-9136. *Minutes of Meetings are tentative until formally approved by the Council*

reconsideration of the Co-Chairs decision by the full Planning Council. The decision of the Planning Council shall be final.

After a finding that the basis for appeal exists, the Subcommittee on Evaluations shall within 30 (thirty) days meet to conduct a review of the pertinent facts of the appeal. Representatives of the appealing party shall be consulted, and shall have the opportunity to address the Subcommittee on Evaluations, in addition to other parties as deemed appropriate by the Subcommittee on Evaluations. The Subcommittee on Evaluations shall issue a written recommendation regarding the appeal within 10 (ten) days.

Appeal determinations shall be forwarded to the Planning Council for approval, modification, or referral to Subcommittee. The decision of the Planning Council shall be final and not subject to further appeal.

ARTICLE VIII - PERSONAL LIABILITY

The members of the Mayor's HIV Health Services Planning Council shall not be personally liable for any debt, liability or obligation of the Council. All persons, corporations or other entities extending credit to, contracting with or having any claim against the Council may look only to the funds and property of the council for payments of any such contract or claim, or for payment of any debt, damages, judgment or decree, or of any money that may otherwise become due or payable to them from the Council.

ARTICLE IX - CONFLICT OF INTEREST

The Council shall be governed by the requirements for the reporting of economic interests established by the California Fair Political Practices Commission.

ARTICLE X - AMENDMENTS

Section 1. These Bylaws may be amended by the Council at any Regular Meeting by a majority (two-thirds) vote, following thirty (30) days notice of any proposed changes.

~~I hereby certify that the foregoing bylaws were amended by the HIV Health Services Planning Council at its regular meeting on June 12, 1995.~~

Norman Nickens
Co-Chair

Dixon

HIV Health Services Planning Council

January 22, 1996

4:30 PM, *25 Van Ness Ave., 5th Floor*

NOTICE: Meeting in the Training Room, Fifth Floor

Agenda

I.	**Roll Call**	**4:30 PM**
II.	**Review and Approval of Minutes (1/8/96) and Agenda (1/22/96)**	**4:35 PM**
III.	**General Announcements**	**4:40 PM**
IV.	**Public Comment**	**4:50 PM**
V.	**Chairpersons' Report** *(Steve Lew, Norm Nickens, Laura Thomas)*	**5:00 PM**
VI.	**Subcommittee Reports**	**5:10 PM**
	A. Membership Subcommittee: None	
	B. Long Range Planning Subcommittee: Report	
	C. Evaluation Subcommittee: None	
VII.	**Presentation by Prevention Planning Council**	**5:30 PM**
VIII.	**New Business**	**6:30 PM**
IX.	**Adjournment**	**6:45 PM**

Up-coming Meetings

HIV Health Services Planning Council: February 12
February 26

The Council meets on the second and fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. The site is fully accessible, and assistive hearing devices and signing are provided upon adequate notice. Minutes of meetings and all information distributed to the Council Members, are available for inspection and copying. For further information, call the Council's staff, 554-9136. *Minutes of Meetings are tentative until formally approved by the Council.*

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE
(Chapter 67 of the San Francisco Administrative Code)

Government's duty is to serve the public, reaching its decisions in full view of the public.
Commissions, boards, councils, and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.
For more information on your rights under the Sunshine Ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

HIV HEALTH SERVICES PLANNING COUNCIL

January 22, 1996

The Minutes of this meeting are missing.

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HIV HEALTH SERVICES PLANNING COUNCIL

February 12, 1996

The Agenda of this meeting is missing.

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HIV Health Services Planning Council — February 12, 1996

Minutes of Meeting

I. ROLL CALL [1].

II. REVIEW AND APPROVAL OF MINUTES AND AGENDA
Minutes of 1/22/96 were approved (Abstentions: Green, Garcia), and Agenda for 2/12/96 was approved.

III. GENERAL ANNOUNCEMENTS. - *Norm Nickens*: I'd like to welcome Dean Goodwin, Mayor's Office Liaison to the Lesbian/Gay/Bisexual Community.

IV. PUBLIC COMMENT. - *Alex Dorenbaum, MD, Director, UCSF Women and Pediatric AIDS Program:* We have recently started a psychiatry component to our program. We would like to have program staff and clients come to the Council at a future meeting so you can have a better idea of what is happening. I have not seen a better utilization of Ryan White money and am overwhelmed by the response and the help that is being given.

V. CHAIRPERSONS' REPORTS: *Norm Nickens*: Michael Chesek is now officially a member of this Council having finally received his letter from the Mayor's Office.

I am please to announce that Gene Copello has accepted the position of Health and Prevention Services Branch Chief in the AIDS Office, effective March 25, 1996.

There is another Ryan White Technical Assistance Conference Call scheduled for March 26, 1996, at 11 AM. The topic is Needs Assessment for Title I & II Consortia.

I received a letter from Marcy Fraser to extend her Leave of Absence. *Bill Hershon*: According to the bylaws, there is a maximum of two months for a LOA. The Leave of Absence requirements as stated in the Bylaws need to be reviewed by the Membership Subcommittee and then by the Planning Council to be sure we are all clear on what the requirements are. *Pat Christen*: I would move that we refer this request to the Membership Subcommittee for review of past actions and current language in the Bylaws for their recommendation. This was verbally affirmed by the Council.

VI. SUBCOMMITTEE REPORTS: *Laura Thomas, Norm Nickens, Steve Lew*: With the additional Subcommittees we now have, I would like to move as quickly as possible through these reports.

- Administrative/Logistics Subcommittee. *Steve Lew*: We are looking into ways to provide better food at these meetings. We discussed scheduling a Community Needs Meeting somewhere in the Tenderloin. Glide Memorial has been sent a letter requesting their help. There will be some discussion about the roles of Council members and the AIDS Office. The bylaws will be reviewed as well as the original legislation.

- Evaluation Subcommittee.- *Norm Nickens.* We are looking at the Monitoring Report process and how to get data back to the Planning Council in a more efficient manner, particularly when an agency or contractor is not meeting their requirements. We also discussed training Council members on monitorings, how they are conducted, their requirements, and issues of conflict of interest. Lastly we revisited the issues of cost caps which were not in place last year and how they are doing. Also we discussed the development of a "complaint line" for consumers and should have a proposal to the Council sometime soon.

- Long Range Planning Subcommittee. *Steve Lew*: We would like to recommend to the Council that the $75,000 originally allocated toward developing a Consumer Satisfaction Survey Instrument would be better spent on the actual implementation of the project. Ann Hirozawa of the AIDS Office has offered her assistance as consultant for this project. We are also following-up on a Town Hall Meeting on Client Satisfaction and Consumer Responsiveness which is scheduled for sometime in the week of March 25th at the Health Commission chambers at 101 Grove. Co-sponsorship with PWAC, WAN, and the Coalition for Positive Families is also in the works. See Michael Chesek for more details.

- Membership Subcommittee. - *Norm Nickens*: We reviewed current membership requirements for the Planning Council. We are looking to review current vacancies on the Council and considering the possibility of interviewing potential applicants for the Council. The logistics of this are still being worked out.

  The Membership Subcommittee is requesting that the HIV HSPC seat held by Steve Burns be declared vacant by the HIV HSPC and that this be forwarded to the Mayor's Office for his approval so the position

can be filled with an active member. Steve Burns is not reachable by phone or letter and has not submitted a letter of resignation. This motion was passed [2].

- Public Policy Subcommittee. - *Laura Thomas:* We have decided that a major part of what this subcommittee will be doing is making presentations to this Council about different public policy issues. For instance, Thomas Lee Eades is putting together a "What is Public Policy" presentation for the Council. We also need to have a presentation on the issues of Ryan White reauthorization and what it means for us.

  Gene Copello: On Sunday, 2/4/96, The LIFE AIDS Lobby House of Delegates had a meeting in LA on the AIDS Drug Assistance Program. The delegates committed to the following action items with regard to ADAP:

  1) A commitment to urge our local county boards of supervisors to adopt a resolution similar to that of the San Francisco resolution.
  2) Send letters encouraging an ADAP augmentation and increased funding to Kim Belshe and your elected officials.
  3) Direct staff to represent LIFE's Position to the AIDS Budget Coalition in favor of a Budget augmentation.
  4) Look into the possibility of LIFE being represented on the national coalition of ADAP.
  5) LIFE delegates to participate in regional activities, current and continuing as announced at the HOD meeting.
  6) Re-affirm our commitment to the activities already engaged in (state-wide conference calls, coalitions, etc.).
  7) Look into the possibility of a cost-benefit analysis.
  8) Put together a media packet to be utilized by the regions within LIFE's membership and other interested parties (Robert Rios to work on).
  9) Initiate and continue coalition work (CCLHO, etc.).

  If anyone is interested in more information, please call Robert Rios at the LIFE AIDS Lobby at (916) 444-0424

VII. ADOPTION OF PROPOSED BYLAWS CHANGES - (see attachment). There was a vote on changes proposed to the bylaws at the meeting of January 8, 1996. The changes were adopted [3].

VIII. REPORT OF CASE MANAGEMENT TASK FORCE: *Michelle Dixon, AIDS Office Program Manager:* (see attachments) Michelle gave an update on where the Task Force is in the development of an implementation plan.

IX. REGGIE SYSTEM UPDATE AND DEMONSTRATION: *Teri Dowling, AIDS Office, and Gary Levinson, Support Center*: Teri and Gary gave an overview and update on REGGIE which was capped off by a demonstration of the actual data entry screens which are being used at the five Alpha Phase sites.

X. NEW BUSINESS:

Norm Nickens: We will compile a list of who is on what subcommittee for your information.

XI. ADJOURNMENT AT 7:10 PM

[1] ROLL CALL	Quorum: 4:50-PM			✓ = *Present*; A = *Absent*; E = *Excused Absence*. L = *Leave of Absence*							
Steve Burns	A	Mariam Farooq	✓	Bill Hershon	✓	Michael Montgomery	A	Rudy Servin	E
Tom Calvanese	✓	Marcy A. Fraser	L	Danny Joe	✓	Janet Nassar	E	Thomas Sinclair	✓
Michael Chesek	✓	Barbara Garcia	E	Susan Karp	✓	Bob Nelson	E	Laura Thomas	✓
Pat Christen	✓	Lynford Gayle	A	Jon Henry Kouba	E	Norm Nickens	✓	Rita Times	✓
Gene Copello	✓	Jon Dean Green	✓	Gifford Leoung	E	Carmen Portillo	✓	Mario Valdez	✓
Wayne Davis	E	John Gressman	A	Steve Lew	✓	Jov Rucker	✓	Jerry Windley	A
Thomas Lee Eades	E	Dee Hampton	A	J.B. Molaghan	A	Barry Savage	✓	Mary Jane Wood	✓

[2] VOTE on S. Burns Seat on Council
A = Abstain; N= Opposed;
Y= For; O = Not present at vote.

Burns	0	Hampton	0	Portillo	Y
Calvanese	Y	Hershon	Y	Rucker	Y
Chesek	Y	Joe	Y	Savage	Y
Christen	Y	Karp	Y	Servin	0
Copello	Y	Kouba	0	Sinclair	Y
Davis	0	Leoung	0	Thomas	Y
Eades	0	Lew	Y	Times	Y
Farooq	Y	Molaghan	0	Valdez	A
Garcia	Y	Montgomery	0	Windley	0
Gayle	0	Nassar	0	Wood	Y
Green	Y	Nelson	0		
Gressman	0				

[3] VOTE on Bylaws Additions
A = Abstain; N= Opposed;
Y= For; O = Not present at vote.

Burns	0	Hampton	0	Portillo	Y
Calvanese	0	Hershon	Y	Rucker	0
Chesek	Y	Joe	Y	Savage	Y
Christen	Y	Karp	Y	Servin	0
Copello	Y	Kouba	0	Sinclair	Y
Davis	0	Leoung	0	Thomas	Y
Eades	0	Lew	Y	Times	Y
Farooq	Y	Molaghan	0	Valdez	Y
Garcia	Y	Montgomery	0	Windley	0
Gayle	0	Nassar	0	Wood	Y
Green	Y	Nelson	0		
Gressman	0				

GLOSSARY:

ADAP	AIDS Drug Assistance Program
AO	San Francisco Dept. of Public Health, AIDS Office
CARE	The Federal Comprehensive AIDS Resources Emergency, or Ryan White, Act, the major source for funding AIDS services.
HIV HSPC	HIV Health Services Planning Council
IHS	Independent Housing Services

Up-coming Meetings:

February 26 - Planning Council
March 4 - Long Range Planning Subcommittee 4:30 - 6:30
- Evaluation Subcommittee 4:30 - 6:30
March 11 - Planning Council
March 18 - Membership Subcommittee 5:30 - 7:30
Public Policy Subcommittee 5:30 - 7:30
Administration/Logistics Subcommittee 4:00 - 5:30
March 25 - Planning Council

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HIV HEALTH SERVICES PLANNING COUNCIL

February 26, 1996

The Agenda of this meeting is missing.

San Francisco Public Library
Government Information Center

HIV Health Services Planning Council — February 26, 1996

Minutes of Meeting

I. ROLL CALL [1].

II. REVIEW AND APPROVAL OF MINUTES AND AGENDA
Minutes of 2/12/96 were approved as corrected (Abstentions: Windley, Nassar, Nelson, Montgomery, Davis), and Agenda for 2/26/96 was approved with the addition of topic "Recent Problems at the Ambassador Hotel".

III. GENERAL ANNOUNCEMENTS. - *Steve Lew*: A farewell reception for Mike Shriver is planned for March 21, 1996, from 6:30 PM - 8:30 PM at the SFAF Conference Room, 10 UN Plaza. Invitations will be sent to all Council Members.

IV. PUBLIC COMMENT. - *David Bush:* I recently received rent subsidies through Lutheran Social Services. Later, I was told that I might not qualify after all and should stop looking for an apartment. Later still, I got a call saying that all was OK and to look for an apartment. This caused me a great deal of stress along with various requirements like getting a credit check. *Michael Chesek*: I have set up a program to help educate landlords on what the subsidies mean and what is required. We are putting together a list of those landlords and property owners who have been briefed on CHIPS. *Patricia Chapel, LSS*: What happened was that we were contracted to do a certain amount of subsidies and then we figured out what our allocation would be next year. When that was annualized, it was clear we would not be able to fulfill our contractual obligations. We have been working with the AO on a plan to cover the subsidies. In the mean time, those that were in process were told to wait until this process was completed. We did rectify it in less than a week but it was unfortunate that some people were given conflicting information. *Barbara Garcia*: If CHIPS intake workers do not help people find apartments, who does? *Michael Chesek*: Housing advocates are supposed to be doing this. I know there are some at SFAF, Catholic Charities, & LSS. *Mariam Farooq*: I've sent people there and they don't get served. *Steve Lew*: We will schedule this on the agenda for the next meeting to follow-up on the progress. Public Service Announcements are being planned by the AO to help inform landlords of the program as well. *Bill Hershon*: If this is getting calendared can we also have some follow-up on what happened with the money we set aside for more intake workers to take care of some of the backlog.

V. CHAIRPERSONS' REPORTS: Everyone was mailed a packet of information from Mark Morewitz of the AO about the Case Management Review. Please get this information to Mark or Michelle Dixon by this week so they can get back to us in March with a report.

VI. SUBCOMMITTEE REPORTS:

- Administrative/Logistics Subcommittee. *Steve Lew*: I apologize for not bring snacks for this meeting as I was supposed to. We'll have them at the next meeting. *John Kouba*: Glide Memorial has agreed to let us use their space for a Tenderloin Town Hall meeting tentatively scheduled for the April 22 meeting. We will be most interested in getting client input on how CARE services are being provided.
- Evaluation Subcommittee.-*No Report.*
- Long Range Planning Subcommittee. *Steve Lew*: We are continuing to plan a Town Hall Meeting on Client Satisfaction and Consumer Responsiveness which is scheduled for sometime in the week of March 25th at the Health Commission chambers at 101 Grove. Co-sponsorship with PWAC, WAN, and the Coalition for Positive Families is also in the works. See Michael Chesek for more details.
- Membership Subcommittee. - *No Report*
- Public Policy Subcommittee. - *Laura Thomas:* Thomas Lee Eades and I have worked up the following survey (see attached). We would like you to take a minute now and fill this out and return it to me after the meeting or fax it to Steve Lew (575-3935) before the end of the week.

VII. CARE IMPLEMENTATION, REAUTHORIZATION AND APPROPRIATIONS UPDATE - *Pat Christen*: The current continuing resolution expires in a few weeks. A few things could happen: There could be another budget stalemate, there could be another continuing resolution to keep things status quo, or a continuing resolution including a 23 million increase in Title I, or a Budget Reconciliation Act that would get us out of the continuing resolution cycle. Nancy Pelosi's office is proposing a Dire Emergency Relief Bill which would put emergency funds up for ADAP as well as flooding in Oregon and support of troops in Bosnia. This is not just

an ADAP problem, it also affects Title I monies. One other frightening thing which came out of the National AIDS Policy Coordinator's office was the idea of means-testing the entire bill which would limit service to those who fall below the poverty level. This is obviously unacceptable on many levels. The situation for the SF EMA is serious because the formula fights we've had have not changed. We're looking at probably only level funding.

Mitch Katz: I feel we've been able to get the City Controller's Office to agree to a solution which will minimize any disruption of services caused by the Federal Governments continuing resolutions. We can go ahead and certify twelve-month contracts even though we have only received 20% of the funding from the Federal Government with the understanding that we will eventually get at least level funding. The only complication is that all of our awards are percentage awards. The percentage of increase or decrease is very challenging if you don't know what the final amount is. If we get at least level funding or a slight increase, we will proceed with your priorities of returning any decreases as well as increasing funds to the new programs. We hope to put everyone's contracts onto the same calendar year.

VIII. DISCUSSION ON MEETING WITH CONGRESSWOMAN PELOSI REGARDING ADAP LEGISLATIVE ALTERNATIVES: *Laura Thomas:* There is a huge shortfall on ADAP both on the State and National level, particularly with the addition of 3TC and Protease Inhibitors to the list of approved drugs. Both of these are very expensive. *Marcy Fraser*: Protease Inhibitors are about $6,000 per person per year, and when used in combination with AZT and/or 3TC, the costs are even greater. Viral Load testing was discussed but it was generally felt that ADAP was not the place for this. *Bill Hershon*: I feel that these drugs are too experimental as yet and considering the costs, the benefits may be outweighed by the costs. *Laura Thomas*: The State makes the decision which drugs get covered, not us. It is up to the clients and their care-givers as to what drugs they do or do not take. *Jerry Windley*: The last thing I heard was that there was a deficit in ADAP of up to 10 million dollars, what's up with that? *Michael Montgomery*: The Department's perspective on the shortfall, these numbers are rather fluid and we feel we can cover the shortfall with some "creative financing". This would not include projected increases of Protease Inhibitors. *Marcy Fraser*: Back when Health Care Reform was in the works, the major pharmaceutical companies agreed to keep a lid on costs. Now, with the Health Care Reform in a coma, the prices have increased dramatically. Alex Dorenbaum: It is very dangerous to bias your opinions on your own personal experiences. AZT does work for many, many people. The Council should keep an open mind on these issues to keep them in perspective. Laura Thomas: ADAP was developed to fill the gap between the costs of drugs and what HMOs cover as well as providing funds to those below the poverty level and/or without insurance. This is still the goal.

IX. AMBASSADOR HOTEL PROBLEMS. *Tom Calvanese*: There were a number of problems recently and I'd like to offer come clarification. As of December, Hank Wilson stopped operating the Hotel. He was instrumental in turning over the building from a shell in 1978 to low-income housing and later, a place where people with AIDS and/or substance abuse and/or mental problems could find housing. Support services for PWAs were initially good but have decreased in the past few years. There are currently about 90 PWAs living at the Ambassador, but this is a very fluid group with people coming and going frequently. Due to recent incidents and the deteriorating services, I feel the Ambassador is no longer working and something needs to be done. *Janet Nassar*: I'm very familiar with the clients at the Ambassador, but frankly there is no other residential treatment facility where these people would be accepted. Also it's a Hotel, not a residential program which poses other problems. *Bob Nelson*: We have relied on the Ambassador to serve this population with the cooperation of Hank Wilson. This is a very difficult population to serve and we have historically had a hard time addressing their needs. The Ambassador, though flawed, has filled a large part of this need. *Bill Hershon*: How do we address the problems, do.you have any suggestions? *TC*: We do a lot of networking and advocating for service providers who are willing to come to the Hotel. *Pat Christen*: The Ambassador is a set-up. The last thing multiple-diagnosed individuals need is a Hotel situation with them all under one roof. We must be cautious in saying that this is the only solution for these people when other options exist. Also there are other areas of the City which have enormous needs yet lack the centralized focus that the Ambassador gives. *TC*: I agree, I hate that Hotel for many of the same reasons I chose to work there. But it's there and its problems need to be addressed. How about an RFP for on-site services and in the long-term, more housing options. *Joy Rucker*: Any one of us could go on about our individual programs and their various crisis's, but the needs are more far-reaching and system-wide -- not just at the Ambassador. Also I feel uncomfortable with you bringing this to the table because of an apparent conflict of interest. *TC*: I freely state my conflict of interest. *Carmen Portillo*: We have the passion to serve PWAs, but we need to be mindful of what the purpose of this Council is. I don't feel that further dialog at this moment is going to help and I move to adjourn. The motion was defeated [2].

Laura Thomas: We need to move on with some resolution to this discussion. *Michael Chesek*: There is currently an RFP in the works which would replace the services formerly provided by A.I.D.S. in the tenderloin and therefore this is a relevant discussion. *Pat Christen*: I'd like to move that an ad hoc committee be appointed to sit down with Marcy Fraser and review the Ambassador and of the current RFP. *TC*: I'd like to offer a friendly amendment to include a review of the recent monitorings. *PC*: Yes. *Carmen Portillo*: Since we're rather loaded up with committees, can I offer a friendly amendment to give this to the existing Evaluation Subcommittee: *PC*: Yes. The motion is: The Evaluation Subcommittee shall meet with Marcy Fraser to review her recent report including the current monitoring report and the current RFP in development and return to the Council with recommendations. It was passed [3].

X. **NEW BUSINESS:** *None.*

XI. **ADJOURNMENT AT 7:10 PM**

[1] ROLL CALL	Quorum: 4:45-PM	✓ = *Present;* A = *Absent;* E = *Excused Absence.* L = *Leave of Absence*

Steve Burns	A	Mariam Farooq	✓	Bill Hershon	✓	Michael Montgomery	✓	Rudy Servin	E
Tom Calvanese	✓	Marcy A. Fraser	L	Danny Joe	✓	Janet Nassar	✓	Thomas Sinclair	✓
Michael Chesek	✓	Barbara Garcia	✓	Susan Karp	✓	Bob Nelson	✓	Laura Thomas	✓
Pat Christen	✓	Lynford Gayle	A	Jon Henry Kouba	✓	Norm Nickens	E	Rita Times	✓
Gene Copello	E	Jon Dean Green	E	Gifford Leoung	A	Carmen Portillo	✓	Mario Valdez	E
Wayne Davis	✓	John Gressman	A	Steve Lew	✓	Joy Rucker	✓	Jerry Windley	✓
Thomas Lee Eades	E	Dee Hampton	E	J.B. Molaghan	A	Barry Savage	✓	Mary Jane Wood	E

[2] VOTE to Adjourn
A = Abstain; N= Opposed;
Y= For; O = Not present at vote.

Burns	0	Hampton	0	Portillo	Y
Calvanese	N	Hershon	N	Rucker	Y
Chesek	N	Joe	N	Savage	0
Christen	N	Karp	N	Servin	0
Copello	0	Kouba	N	Sinclair	N
Davis	N	Leoung	0	Thomas	N
Eades	0	Lew	N	Times	Y
Farooq	Y	Molaghan	0	Valdez	0
Garcia	Y	Montgomery	N	Windley	0
Gayle	0	Nassar	A	Wood	0
Green	0	Nelson	N		
Gressman	0				

[3] VOTE on Ambassador Hotel Review
A = Abstain; N= Opposed;
Y= For; O = Not present at vote.

Burns	0	Hampton	0	Portillo	Y
Calvanese	Y	Hershon	Y	Rucker	Y
Chesek	Y	Joe	Y	Savage	0
Christen	Y	Karp	0	Servin	0
Copello	0	Kouba	Y	Sinclair	Y
Davis	Y	Leoung	0	Thomas	Y
Eades	0	Lew	Y	Times	Y
Farooq	Y	Molaghan	0	Valdez	0
Garcia	Y	Montgomery	Y	Windley	0
Gayle	0	Nassar	Y	Wood	0
Green	0	Nelson	Y		
Gressman	0				

Up-coming Meetings: March 25 - Planning Council
April 1 - Evaluation AND Long-Range Planning Subcommittees 5:30 - 7:30
April 8 - Planning Council

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Dixon

HIV Health Services Planning Council

March 11, 1996

4:30 PM, *25 Van Ness Ave., Suite 330*

Agenda

I.	**Roll Call**	**4:30 PM**
II.	**Review and Approval of Minutes (2/26/96) and Agenda (3/11/96)**	**4:35 PM**
III.	**General Announcements**	**4:40 PM**
IV.	**Public Comment**	**4:50 PM**
V.	**Chairpersons' Report - Update from HRSA, CARE Coalition Meetings** *(Steve Lew, Norm Nickens, Laura Thomas)*	**5:00 PM**
VI.	**Subcommittee Reports**	**5:20 PM**
	A. Administrative/Logistics: No report	
	B. Evaluation Subcommittee: Report	
	C. Long Range Planning Subcommittee: Report	
	D. Membership Subcommittee: No Report	
	E. Public Policy: No Report	
VII.	**Discussion of Council/AIDS Office Roles & Responsibilities; Meeting Facilitation; Conflict of Interest.**	**5:45 PM**
VIII.	**New Business**	**6:40 PM**
IX.	**Adjournment**	**6:50 PM**

Up-coming Meetings:

March 11 - Planning Council
March 18 - Membership Subcommittee 5:30 - 7:30
Public Policy Subcommittee 5:30 - 7:30
Administration/Logistics Subcommittee 4:00 - 5:30
March 25 - Planning Council
March 28 -- Public Hearing, 101 Grove, Room 300, 4:00 - 7:00 PM
April 1 -- Evaluation AND Long-Range Planning Subcommittees 5:30 - 7:30
April 8 -- Planning Council

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HIV Health Services Planning Council — March 11, 1996

Minutes of Meeting

DRAFT

I. ROLL CALL [1].

II. REVIEW AND APPROVAL OF MINUTES AND AGENDA
Minutes of 2/22/96 were not yet available. Agenda for 3/11/96 was approved.

III. GENERAL ANNOUNCEMENTS. - *Laura Thomas*: We have a few new members -- Jeff Byers is the State-appointed alternate (non-voting member), for Michael Montgomery, and Thomas Zickgraf who will be representing the San Mateo County AIDS Program where he is a board member. He will replace Gene Copello who will take a new position as Chief of the Health Services and Prevention Branch in the AIDS Office as of March 25, 1996.

IV. PUBLIC COMMENT. -. *Alex Dorenbaum, MD, Director, UCSF Women and Pediatric AIDS Program:* I told you a few meetings ago about some supplemental funds we received which were used to set up a psychiatric support program for homes with people infected and affected by HIV. These funds are going to run out soon. I'd like to introduce Dr. Nancy Reed who is a child psychologists working in this program. NR: We started out with 128 units of services planned. We are now over 200 units of service. These kids have lost parents, siblings, and family structure. Their need is great. We provide support to parents in dealing with HIV-infected children who may or may not have been infected from that same parent as well as general family structure evaluation and support. I hope you can help support this much-needed program.

Tina Clark, UCSF. I'd like to ask for your help. We received a one-time fund for outreach workers. We need funding to continue our family counseling and extra funds for our outreach workers.

Laura Thomas: It feels like we should schedule more time for this issue rather than short public comment. We will schedule a formal presentation at a meeting in the future.

V. CHAIRPERSONS' REPORTS: *Norm Nickens*: I have a Leave of Absence request from Linford Gayle which I will forward to the Membership Subcommittee. Bill Haskell is working with the DPH on the long-term care project advisory committee and is looking for names of HIV-infected persons wishing to serve on the committee. Please see me with any interests. New HRSA guidelines on the use of AZT to reduce perinatal transmission of HIV infection. Those wishing a copy, please see me. I have another HRSA document on the availability of Protease Inhibitors: Current and Future Use. See me if you would like a copy. There will be a benefit reception for Mike Shriver on Thursday March 21st from 6:30 to 8:30 PM at the SF AIDS Foundation. The cost is $30 per person. Please see me if interested. HRSA is conducting another of its on-going Technical Assistance Conference Calls on Tuesday March 26 from 11 AM to 1 PM at the AIDS Office. Please see me if you're interested in participating. It is time to fill out your annual Statement of Economic Interest (form 730) with the state Fair Political Practices Commission. Most of you only have to fill out the short form (one source of income, own your own house or rent, and do not have substantial investments. If you have investments or own more than one house or property, you'll need to fill out the long form. Please fill these out promptly. The AIDS Office needs them back by no later than April 1, 1996 to avoid penalties. Please call me if you have any questions (554-9125). There has been some controversy recently in the AIDS Office regarding female condoms and their availability to the gay male population of SF. These are now available on request to anyone at any of the condom distribution sites.

To update you on the CARE Coalition Meeting: Last week, Pat Christen reported on the substantive public policy output from that meeting, I'll cover the logistical aspects of the meeting. With regard to the reauthorization of Ryan White there are two possible outcomes: 1) a Continuing Resolution which will go through the end of the year (the White House has said they will veto it), or 2) full reauthorization. Membership criteria in the Care Coalition has been revised so that anyone who pays a $4,000 membership fee can be on and vote in the Coalition. Previously, membership was restricted to those who were grantees, or agency funded through Ryan White. Still there are only two votes allowed per EMA represented.

The new CARE Act has a condition in it regarding mandatory testing for pregnant women. After two years, the States must prove that at least 90% of all pregnant women in that state were offered testing. *Gene Copello*: The other part of this was the formation of a task force which I am on to advocate for elimination of the Coburn amendment and replace it with current CDC regulations. The Public Policy Subcommittee will make a presentation to formalize our position on this as a Council.

NN: The last item I have is an update from the HRSA meeting. SF, LA, Kansas City, Chicago, NYC, and the States of California, New York and Massachusetts were identified and invited as the most progressive EMAs in the planning process and responding to reduced funds. Some common themes: Most of those present had a fairly well defined prioritization process, most had some experience in dealing with reduced funds. As for Planning Councils, there's more concern about Conflict of Interest, conflict resolution, dealing with substantial staff turnover, training and orientation of new members, tensions between grantees and Councils. Many of the things we've been dealing with are also coming up in other Planning Councils. *Jeff Byers*: The outcome of all this is to be a HRSA document which they will develop to assist in the planning process and dealing with reduced funding.

VI. SUBCOMMITTEE REPORTS:

DRAFT

- Administrative/Logistics Subcommittee. *No report.*
- Evaluation Subcommittee.-*Norm Nickens:* This was the first "joint meeting" between Evaluation and Long-range Planning where the first half-hour we meet together to discuss projects that are being developed conceptually with LRP like the Client Satisfaction Survey, then we met separately in different rooms and we continued to talk about the recently RFP process development in the AIDS Office, in particular, the recently developed Tenderloin Services RFP which is available from Nancy Foote at the AO. We then reviewed cost caps on contracts over the last year, the monitoring process, and training of the Council in the monitoring process. Lastly we discussed the possibility of a "compliant line" which contractors, clients, and the general public could call to lodge complaints against any CARE-funded contractor. We proposed to staff this line through the AIDS Office as a start-up to see what the work load would be. We may need to consider alternative funding in the future.
- Long Range Planning Subcommittee. *Steve Lew*: We are continuing to make plans for the March 25th hearing on Client Satisfaction. Ann Hirozawa of the AO has pointed out that consumer responsiveness and needs assessment. Ideally, we would like to distribute one questionnaire to cover all three things. Michael Chesek and Ann Hirozawa will be chairing this meeting.
- Membership Subcommittee. - *No Report*
- Public Policy Subcommittee. - *Mary Jane Wood:* I attended a task force meeting on ADAP in Sacramento last week. There were two basic recommendations that came out of that meeting: 1) ADAP should be centralized, i.e. taken out of the counties and run at the statewide level either through MediCal or a privatized system; 2) all federally approved AIDS drug be put on the formulary as we all thought was the case with MediCal. The MediCal staff informed us that this wasn't the case any longer. This was still a recommendation with the addition that the drugs first go through the MediCal Advisory Committee for prioritization about the drugs. *Laura Thomas:* The Public Policy subcommittee will be talking further on this ADAP issue at the meeting on Monday. Although we as a Council are forbidden from lobbying, as individuals, we can and I urge you to call Senator Diane Feinstein to voice your concerns.

VII. DISCUSSION OF COUNCIL/AIDS OFFICE ROLES & RESPONSIBILITIES; MEETING FACILITATION; CONFLICT OF INTEREST. Norm Nickens: The context for this discussion is this: Jeff Byers and I were at a meeting in Washington DC with other CARE Councils, some similar themes came up about tensions between grantees, Councils, and various groups of council members. Issues included substantial Council staff turnover and the training of new members, and there is now more non-agency affiliated consumers and more diverse representation by groups not previously represented. HRSA has now developed a document entitled: Roles and Responsibilities of Title I Planning Councils which was developed after a Technical Assistance Conference Call held on December 6, 1995. The objective is their interpretation of what they perceive to be toe roles and responsibilities of PC members versus grantees. HRSA is also developing draft guidelines for the use of CARE funds for the general public's use. We hope this will not have any surprises for us. Future prioritizing in PCs will involve down-sizing due to lower funding which is likely. The Subcommittee structure is helpful in resolving some of these issues for us. According to this HRSA document there are three primary responsibilities for Planning Councils which are: 1) to develop a comprehensive plan . . . (our 5-year plan), 2) to establish priorities for the allocation of funds within the EMA, 3) to assess the efficiency of the administrative mechanism for rapidly allocating funds to those areas of greatest need. This means mainly to monitor the AO and contractors but does not involve the Council the procurement process or contracting for services. *Tom Calvanese*: I do feel the Council has some responsibility for evaluating the outcome of programs which are set up for specific needs or services to evaluate their viability. *Bob Nelson*: People need to read this closely and pass on suggestions to the Evaluation Subcommittee if they don't feel comfortable

doing so now. *NN*: The next meeting of the Evaluation Subcommittee is Monday, March 18th at 4:00 PM in the AO. *Barbara Garcia*: I'm confused about the various types of monitoring. *NN*: The AO is the grantee and has the responsibility for monitoring these contracts. The Council's role is to make sure that those agencies who are doing the job well are recognized and those who are not get whatever help necessary to bring them up to speed or perhaps review their funding eligibility. *TC*: When we evaluate outcomes of our decision as a group of 35 individuals, we can make more informed choices. *BG*: I'd feel better with a more "big picture" approach. For instance, when someone speaks to the need of pediatric AIDS patients, I'd like to see what the overall need is in this area versus the needs of one specific agency or program. *NN*: We do try to do this whenever possible. For instance, next week, we will have a presentation on the 5-year housing plan and where it is now. *Joy Rucker*: I feel we need a better process to address conflict of interest when it comes up around the table and better rules of discussion in general that are adhered to consistently. *Dee Hampton*: As a new Council member, I feel that the AO sometimes puts pressure on us to make decisions which are already basically set. *Danny Joe*: It seems that many times when things are brought up, the AO says it will investigate and follow-up and get back to us, then we never hear back from them. *TC*: I agree with Joy but hope that whatever we develop around addressing conflict of interest, that it gets applied evenly. Also I would like to see a list of council members -- not just names and addresses but affiliations, areas of expertise, interests, etc. *Michael Chesek*: I think addressing COI versus defining COI are two separate things. *Jon Dean Green*: The Planning Council often gets side-tracked into things which are outside its purview and the co-chairs don't often do anything about it. *Jerry Windley*: I would like to see the co-chairs work more as a team. The perception is that the AO co-chair basically runs the show. Also people need to keep their own personal agendas or pet projects to themselves and be open minded, particularly when prioritizing services. Lastly, the AO has undergone a lot of staff turnover as have we. They are having to deal with reduced funding and increased demand like everyone else. I'd like to see report on what is reasonable to expect from the AO and what is not possible. *Tom Sinclair*: I'd like to see something on how to handle inter-personal and group conflict. Also the problem of immediate need versus long-term services among providers. NN: The fact that Planning Councils are made up of various types of people who represent all aspects of the field, makes COI and conflict resolution problems inherent. The co-chairs need more direct feedback from the Council as to how we can facilitation style can make the meetings run more smoothly. The AO co-chair and the AO Health Services and Prevention Branch Chief used to work more like a team in presenting what needs to get done in order to get contracts out, etc. Now that Gene Copello has taken the position of AO HS&P Branch Chief, perhaps we can get back to something like that. In fact, Dr. Sandra Hernández has authorized the AO to relinquish its co-chair position. I wouldn't recommend that now, but I as a co-chair would like to go into more of a facilitator role and let Gene present the AO needs and requests. *Mary Jane Wood*: It's been since Bill Haskell was here that we had the Branch Chief presence with any consistency. It worked well before, it should work again. *SL*: I don't want to be considered the AO lackey and agree that the responsibility of the co-chairs should be more of a team effort. *NN*: With your permission, the co-chairs would like to try a few different styles of facilitation to see if they might work better. *Barbara Garcia*: Can we have a way of evaluating meetings as they happen, like at the end of the meeting to help identify areas that need improvement? *TC*: I thinks agendas should reflect more immediate issues and perhaps not so many presentations or overviews which may not be of interest and might be contributing to absenteeism.

VIII. **NEW BUSINESS:** *None.*

IX. **ADJOURNMENT AT 6:50 PM**

DRAFT

[1] ROLL CALL	Quorum: 4:45-PM	✓ = *Present;* A = *Absent;* E = *Excused Absence.* L = *Leave of Absence*

Steve Burns	A	Mariam Farooq	✓	Bill Hershon	✓	Michael Montgomery	A	Rudy Servin	A
Tom Calvanese	✓	Marcy A. Fraser	L	Danny Joe	✓	Janet Nassar	✓	Thomas Sinclair	✓
Michael Chesek	✓	Barbara Garcia	✓	Susan Karp	A	Bob Nelson	✓	Laura Thomas	✓
Pat Christen	A	Lynford Gayle	A	Jon Henry Kouba	✓	Norm Nickens	✓	Rita Times	E
Gene Copello	✓	Jon Dean Green	✓	Gifford Leoung	A	Carmen Portillo	E	Mario Valdez	✓
Wayne Davis	✓	John Gressman	A	Steve Lew	✓	Joy Rucker	✓	Jerry Windley	✓
Thomas Lee Eades	E	Dee Hampton	✓	J.B. Molaghan	A	Barry Savage	✓	Mary Jane Wood	✓

DRAFT

Up-coming Meetings:

March 11 - Planning Council
March 18 - Membership Subcommittee 5:30 - 7:30
Public Policy Subcommittee 5:30 - 7:30
Administration/Logistics Subcommittee 4:00 - 5:30
March 25 - Planning Council
March 28 -- Public Hearing, 101 Grove, Room 300, 4:00 - 7:00 PM
April 1 -- Evaluation AND Long-Range Planning Subcommittees 5:30 - 7:30
April 8 -- Planning Council

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HIV HEALTH SERVICES PLANNING COUNCIL

March 25, 1996

The Agenda of this meeting is missing.

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HIV Health Services Planning Council — March 25, 1996

Minutes of Meeting

DRAFT

I. ROLL CALL [1].

II. REVIEW AND APPROVAL OF MINUTES AND AGENDA
Minutes of 2/22/96 were approved. Minutes for 3/11/96 will be voted on at the next meeting. Agenda for 3/25/96 was approved.

III. GENERAL ANNOUNCEMENTS. - *Laura Thomas*: I have accepted a position with the San Francisco AIDS Foundation as a Policy Associate.

DRAFT

IV. PUBLIC COMMENT. -. *None*

V. CHAIRPERSONS' REPORTS: *Norm Nickens*: I would like to inform the Council of the upcoming transition of the HIV Neuropsychological Assessment and Counseling Program currently held by CPMC to VN&H effective May 1, 1996. If there are any questions about this transition, please call Bill Musick, Director of VN&H Operations and Finance at 750-4404 (see attached letter).

A reminder that the Planning Council meeting of April 22 will be at Glide Memorial Church from 4:30 - 7 PM. It will be a town hall style of meeting to address issues and concerns about services and needs of the Tenderloin population.

VI. SUBCOMMITTEE REPORTS:

- Administrative/Logistics Subcommittee. *Steve Lew*. On the issue of snacks at these meetings, we are wondering if it would be easier to collect once for the entire year rather than at every meeting. Let us know what you think. Also, we have developed a brief questionnaire to better determine what types of food and drink people would prefer to have. To lessen the mess at the big table, all food and drinks will be on the table in the hallway where people can help themselves to individual plates and bring them to the table.

  On the discussions around the roles of the AO staff, dealing with conflict of interest, etc., the committee is working on a report and recommendations which should be ready by mid-April.

- Evaluation Subcommittee.-*No Report:*

- Long Range Planning Subcommittee. *Laura Thomas*: We are having a public hearing on March 25th for input for the design of a standardized Client Satisfaction Survey. It is to be held at 101 Grove, Room 300 from 4 PM to 7 PM. Michael Chesek and Ann Hirozawa will be chairing this meeting.

- Membership Subcommittee. - *Michael Chesek* Lynford Gayle has submitted a request for a 2-month Leave of Absence. Mary Jane Wood moved to accept Lynford's request and it was approved by verbal vote. *MC*: The committee looked at the wording in the Bylaws on Leave of Absence and suggests a change in the wording (see attached). After the required 30-day review, we will vote on these changes. We also are developing a new Membership Recruitment Form. If you have any suggestions or comments, please see me or Norm. A final version of this form should be ready for distribution at the Public Hearing on Thursday.

- Public Policy Subcommittee.

VII. PRESENTATION OF THE AIDS CASE MANAGEMENT TASK FORCE REPORT: Michelle Dixon, Myrna Cozen, Mark Morewitz: Please see attached handouts. For a more complete report, please contact Michelle Dixon at 415-554-9000.

VIII. NEW BUSINESS: *None*.

IX. ADJOURNMENT AT 6:40 PM

[1] ROLL CALL	Quorum: 4:50-PM	✓ = *Present;* A = *Absent;* E = *Excused Absence.* L = *Leave of Absence*

Tom Calvanese	E	Mariam Farooq	✓	Bill Hershon	✓	Michael Montgomery	✓	Rudy Servin	A
Michael Chesek	✓	Marcy A. Fraser	L	Danny Joe	✓	Janet Nassar	✓	Thomas Sinclair	✓
Pat Christen	✓	Barbara Garcia	✓	Susan Karp	✓	Bob Nelson	A	Laura Thomas	✓
Gene Copello	✓	Lynford Gayle	E	Jon Henry Kouba	A	Norm Nickens	✓	Rita Times	✓
Wayne Davis	✓	Jon Dean Green	E	Gifford Leoung	A	Carmen Portillo	E	Mario Valdez	✓
Thomas Lee Eades	✓	John Gressman	A	Steve Lew	✓	Joy Rucker	✓	Jerry Windley	A
		Dee Hampton	✓	J.B. Molaghan	A	Barry Savage	✓	Mary Jane Wood	✓
								Tom Zickgraf	A

Up-coming Meetings: March 28 -- Public Hearing, 101 Grove, Room 300, 4:00 - 7:00 PM
April 1 -- Evaluation AND Long-Range Planning Subcommittees 5:30 - 7:30
April 8 -- Planning Council
April 15 - Membership Subcommittee 5:30 - 7:30
Public Policy Subcommittee 5:30 - 7:30
Administration/Logistics Subcommittee 4:00 - 5:30
April 22 - Planning Council Town Hall at Glide Memorial 4:30 - 7:00 PM

DRAFT

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Dixon

HIV Health Services Planning Council

April 8, 1996

4:30 PM, *25 Van Ness Ave., Suite 330*

Agenda

I.	Call to Order	4:30 PM
II.	Roll Call	4:31
III.	Review and Approval of Agenda	4:35
IV.	Review and Approval of Minutes of 3/11/96 and 3/25/96	4:37
V.	General Announcements	4:40
VI.	Public Comment	4:50
VII.	Reports	
	A. Co-Chairs	5:00
	B. Branch Chief	5:10
	1. Overview	
	2. Housing Update	5:15
	3. CARE Funding	6:00
	C. Administrative/Logistics: No Report	
	D. Evaluation Subcommittee: Report	6:30
	E. Long-range Planning Subcommittee: Report	6:35
	F. Membership Subcommittee: No Report	
	G. Public Policy: No Report	
VIII.	New Business	6:40
IX.	Adjournment	6:45

Up-coming Meetings:

April 8 -- Planning Council
April 15 - Membership Subcommittee 5:30 - 7:30
Public Policy Subcommittee 5:30 - 7:30
Administration/Logistics Subcommittee 4:00 - 5:30
April 22 - Planning Council, Glide Memorial 4:30 - 7:00
May 2 - Long-range Planning Subcommittee 4:00 - 5:30
May 6 - Evaluation Subcommittee 4:30 - 6:30
May 13 - Planning Council
June 10 - Planning Council

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AGENDA

TITLE OF MEETING:
LONG RANGE PLANNING SUB-COMMITTEE

DATE: Thursday May 2, 1996
MEETING TIME: 4:00 P.M.
ENDING TIME: 5:30 P.M.
PLACE: 3rd Floor Conference Room

	ITEM	TIME
I.	Introductions	4:00 p.m.
II.	Review of Survey Instrument	4:05 p.m.
III.	Incentives?	4:45 p.m.
IV.	How to include hard to reach populations	5:15 p.m.
V.	Public Comment	5:25 p.m.

HIV HEALTH SERVICES PLANNING COUNCIL

April 8, 1996

The Minutes of this meeting are missing.

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HIV HEALTH SERVICES PLANNING COUNCIL

April 22, 1996

The Agenda of this meeting is missing.

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HIV Health Services Planning Council

April 22, 1996

Minutes of Meeting at Glide Memorial

DRAFT

I. **Call to Order: 4:40 PM**

II. **Roll Call [1]**

III. **Review and Approval of Agenda.** The agenda for 4/22/96 was approved.

IV. **Review and Approval of Minutes:** Minutes of 4/8/96 are not yet available for review. They will be voted on at the meeting on the 29th.

V. **General Announcements:** None.

VI. **Reports:**

A. Co-Chairs: *Laura Thomas*; in the absence of Norm Nickens and Steve Lew, I have asked Danny Joe to help me in chairing tonight's meeting. A reminder that both the CPMC Neuropsychiatric contract and the 3TC issue will be discussed at the next Administrative/Logistics Subcommittee meeting on May 6 with a report back to the Council on May 13th. *Michael Chesek*: I clearly recall that Norm said it would be on the agenda for the meeting of May 29th. *LT*: I remember it being passed to the Admin/Logistics committee. *MC*: No, I spoke with Norm and he said it would be on the 29th Agenda. *LT*: OK then it will be on the Council agenda for May 29th.

B. Branch Chief: *Gene Copello*: I'd like to pass on a letter that was received in the AIDS Office announcing the formation of the Tenderloin AIDS Coalition. Also a letter was received regarding concerns about services related to the Shanti Project (see attachments).

1. Update on CARE and HOPWA Decision-making Process: There is a special Council meeting on the 29th to review and make decisions on these issues.
2. ADAP Update: (see attached).
3. Tenderloin HIV/AIDS Epidemiology Report: Rani Marx, Epidemiologist, AIDS Office: (see attached)
4. Tenderloin HIV Health Services Report: Marcy Fraser, AIDS Office: (see attached)

Public Comment: *Angel*: I used to work with A.I.D.S. and now with Shanti. Many services have been improved since Shanti took over. Case management has increased, meals are better, transportation and moving help is now available. It distresses me to hear complaints about Shanti as if we were doing nothing. *Jerry Logan*: Having been a case manager and now relying on their services, the transport van that Shanti provides is very helpful. *Paul*: Many of us depend heavily on Shanti's services but we all hope to be back on self-supportive status eventually. *Paul Garrett*: The help I've received from Shanti has been great. The services are better than before with A.I.D.S. *Jerome*: I volunteer for Shanti and they have taught me the meaning of the word compassion. *Anonymous*: Counselor follow-up from Shanti is very helpful for someone like me who is too dumb to take care of myself. *Hillary*: I'm a student at SF State and Shanti has been very helpful in helping me to understand the needs of this community through case management and simply caring. *Sam*: Am I hearing that the CARE Council is thinking of cutting more funds from Shanti? The population they serve is in crisis on a daily basis. *Mary Jane Wood*: Can we have some clarification, I'm not aware of any plan to cut funds from Shanti. *Marcy Fraser*: The services formerly provided by A.I.D.S. were granted to Shanti for one year only in order to ensure no break in service. Now that RFP is going out for rebid and Shanti and any other service provider may apply for these funds. *Mariam Farooq*: We need to hear from those of you living with HIV about what services you need that are not being provided in your community. *Laura*: I am part of the new Tenderloin AIDS Coalition. Housing is a real problem particularly for those with substance abuse issues. Shelters don't always work for this population. Follow-up after initial intake interviews is very important. We need more benefits counselors. *Will*: As a former speed head, I never had heard of Shanti on the street. Since then I have come to know them and their services. The Tenderloin is still underserved. More people are getting sick and there's fewer and fewer services available. *John Connoly: Director of Shanti*: I've been asked to submit to the Council this letter and latest monitoring report from Gloria Sandoval (see attached). The process of the A.I.D.S./Shanti transfer was more complicated. There are things missing in the new RFP which will no longer be provided no matter who gets the contract. *Yolanda Lewis*: there are two things that are missing from TL services. One is community-based nutritional counseling – there aren't any super markets stores in the TL so someone should look at what's available here and base

a diet on what can be obtained. Also we need more transgender programs where transgenders can be treated with respect and dignity and get the services they are entitled to. *Hank Wilson*: Coordination of Services in the TL was the main reason why Shanti was asked to leave the Ambassador Hotel. Crisis management and problem solving should be the main issues, meeting people's needs -- not contractual obligations. *Sam Gibson*: Many people living with HIV cannot be here and I'd like to speak on their behalf. We all live with HIV and are affected by it daily. *Mary Molagan*: Direct medical care to people in the TL is desperately needed. Tom Wadell Clinic is interested in setting-up a street walk-in clinic to provide a convenient alternative to those in need in the TL. *Ron*: What can be done to speed up the housing process? *Steve Lew*: The Council has done progress reports around housing and there's the 5-year plan which addresses housing as a major priority. Larry: As an acupuncturist, I'd like to offer that this is an underutilized source of help to those with HIV. *Marie*: I had a friend with HIV who was placed on the top floor of a Victorian house. He was unable to do most things because of the long flights of stairs. He latter was kicked out because a worker from Baker Places found a partially smoked marijuana cigarette in the house. The only place I could find for him to live was then the Ambassador Hotel. This place was a huge mess, the floors were filthy, there was evidence of IV drug use from stains on the walls, there were fleas. This place seemed like an insult to those often at the end of the line already. It's a disgrace. *Pat Christen*: The AIDS Foundation provides needle exchange through prevention money but it is a needed service for this community and I would charge the health department to think more creatively about how to continue funding this program. *Laura*: The Ambassador is a mess, but it better than being on the street. It houses about 90 people with HIV living at the Ambassador Hotel and it need our attention. There are a number of wonderful people working there who need to be commended. *Mariam Farooq*: There are other hotels in the TL that are alternatives for those who are homeless and wanting to get their lives back on track, but you must be willing to at least to try to help yourself. These case managers can't do it all for you, you must take some of the initiative to better your own situation. *Deb*: There is a need to make food available for those with food emergencies. John Kouba: The Food Bank only provides to agencies who then distribute the food to people in need. There are agencies that are not on this list who do provide services to the TL but not as their main focus. None of us are pencil-pushing, plush office dwellers. We meet biweekly in open meetings at 25 Van Ness and hash out these and many other issues. Keep in mind that the Council does not generate its own money. We only channel it from what sources are available. We are doing our best to meet the goals we set for ourselves but we are limited by the amount of money that comes from Washington DC. *Tom Calvanese*: I've lived and worked in the TL for many years and I'd like to thank all of those who showed up here tonight and the staff at Glide Memorial for providing the meeting space. People need to understand that there are process issues involved which are out of our hands. We are trying to do better at getting the community involved in these decision making processes. There are many factors which ultimately determine where the money is going to go. I work at the Ambassador Hotel and I welcome anyone who would like to talk to me to come on over to room 200 and let me know what you think. The composition of this council is people who want to do the right thing and best serve the community. I trust that we are doing our best and, with your help, can do even better in the future. It's apparent that there is more to be done in the TL *End of Public Comment.*

Pat Christen: Let's be careful not to scapegoat the AIDS Office for the inconsistencies of this Council. We have our own problems and must take full responsibility for them. *Marcy Fraser*: As a Council Member and an employee of the AIDS Office, I have a very unique perspective. The AIDS Office is not just some monolithic machine, it's people like you and me who are doing their best at balancing the pressures of the Mayor's Office, the community, the State, the Federal Government, CBO, and the hundreds of contractors in the City. We as a Council need to be very careful to take responsibility for our own decisions. *Bob Nelson*: We are out of our purview when we start cor..ractor bashing. It is not our business to discuss specific contracts. It belongs in subcommittee with AO program managers. *Tom Calvanese*: It's a process problem. What is the process when agency A decided to transfer it's contract to agency B for whatever reason? Does the AO OK this or is it us? We need to examine this process carefully for a more uniformed approach in the future. *Jon Dean Green*: I think we are in danger of overstepping ourselves and that the subcommittees should bring this into clearer focus for us. *Laura Thomas:* This will be brought to the subcommittees and we will further discuss this at the May 13th meeting.

DRAFT

C. Administrative/Logistics: No Report
D. Evaluation Subcommittee: will meet later this week
E. Long-range Planning Subcommittee: will meet later this week
F. Membership Subcommittee: No Report
G. Public Policy: No Report

VII. New Business: None.

VIII. Adjournment 6:30 PM

DRAFT

[1] ROLL CALL	Quorum: 4:40-PM	✓ = *Present;* A = *Absent;* E = *Excused Absence.* L = *Leave of Absence*

Tom Calvanese	✓	Mariam Farooq	✓	Bill Hershon	✓	Michael Montgomery	✓	Rudy Servin	L
Michael Chesek	✓	Marcy A. Fraser	L	Danny Joe	✓	Janet Nassar	✓	Thomas Sinclair	✓
Pat Christen	✓	Barbara Garcia	E	Susan Karp	E	Bob Nelson	✓	Laura Thomas	✓
Gene Copello	✓	Lynford Gayle	L	Jon Henry Kouba	✓	Norm Nickens	E	Rita Times	A
Wayne Davis	E	Jon Dean Green	✓	Gifford Leoung	A	Carmen Portillo	E	Mario Valdez	✓
Thomas Lee Eades	A	John Gressman	A	Steve Lew	✓	Joy Rucker	A	Jerry Windley	A
		Dee Hampton	✓	J.B. Molaghan	A	Barry Savage	✓	Mary Jane Wood	✓
								Tom Zickgraf	✓

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HIV HEALTH SERVICES PLANNING COUNCIL

April 29, 1996

The Agenda of this meeting is missing.

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HIV Health Services Planning Council — April 29, 1996

Minutes of Meeting

I. **Call to Order: 4:40 PM**
II. **Roll Call [1]**
III. **Review and Approval of Agenda.** The agenda was approved.
IV. **Review and Approval of Minutes:** Minutes of 4/8/96 were approved (abstained: Gayle).
V. **General Announcements**: None.
VI. **Public Comment**: None.
VII. **Reports:**

DRAFT

A. Co-Chairs
   1. General. *Laura Thomas:* May 7 Admin/Logistics Subcommittee will be discussing the Neuropsychiatric Assessment Contract being moved from CPMC to AHP. If you have interests or concerns, please attend. A report will be brought to the Council on May 13th. I was one of only three Council members who attended the Leland House presentation last week. It was a very thorough and informative presentation. So much so that we would like to hold the next Council meeting there and have them present to the entire Council. Directions and/or maps will be sent to all members.
   2. 3TC Allocation. *Mitch Katz*: The AO views spending unspent funds as the first priority. This makes timely action all the more imperative. The 3TC money expired on March 30th. Up through the 29th we were still sending contract certifications through DPH Accounting at 4:30 PM on the 29th of March. *Michael Chesek*: Why was this decision not brought to the Council for a decision? *MK*: there simply was no time. In the future, if the Council can be more specific in amounts of overages, i.e., <$50,000, then X gets this and Y gets this. If <$500,000, then X gets this and Y gets this. *Dee Hampton*: Why did this all go to one drug? *MK*: We did not expect 3TC to get approved before the end of March - We had heard it would be six months. *Laura Thomas*: Further details will be discussed in subcommittee.

B. Branch Chief: *Gene Copello*:
   1. CARE Funding: The three scenarios have been revised slightly (see attached). The AO still recommends Scenario 1 as the least disruptive option by keeping the system intact. Based on flat funding estimates, we will benefit from the extra money recently allocated by congress to Title I. Bill Hershon moved to accept Scenario 1. It was OK'd [2].
   2. Criteria for Reduced Funding Decisions: *Gene Copello*: (see attachment). This is the result of many meetings of the Long-range Planning and Evaluations Subcommittees. *Pat Christen*: I'd like to make a motion (Motion A) to change Cost Effectiveness to 5 points and add 5 points to Client Satisfaction. *Rita Times*: We have not received the universal client satisfaction form yet. This issue was discussed at length at the subcommittee level and I don't wish to take any more time at this meeting going over and over this again. I think it should stay the way it is. *Tom Calvanese*: I'd like to offer a friendly amendment to stick with the previously approved decision-making model with 20 points for client satisfaction. *PC*: I accept. *Laura Thomas*: Without a method to measure client satisfaction, these 20 points would be essentially useless. *Mary Jane Wood*: Qualitative data is very hard to collect. *Wayne Davis*: It is very important that we do whatever it takes to get feedback from clients on the services they receive. *Mariam Farooq* called the question. The motion was defeated [3]. *Pat Christen*: It is ludicrous that agencies are not doing their own client satisfaction surveys and I believe that that is one of three things we should ask for 15 possible points. The other two being, is the data analyzed, and in what way has it informed your program. I make that a motion (Motion B) which takes the other 5 points out of the cost/UOS above or below contract cost/UOS. *Barbara Garcia*: I feel that this is a good compromise although it seems that there are many other things we could be asking of service providers which may provide more practical information on the quality of services provided. *Linford Gayle*: I know that everyone on this Council cares deeply about client satisfaction. I trust that the people on the subcommittee made a thorough review and their work should be acknowledged and not torn apart. *Tom Calvanese:* There were months worth of meetings spent developing the original model which to me is still the best option. We should stand by it. *Bob Nelson* called the question. The motion (Motion B) is to take 5 points from Actual cost/UOS and

add it to Client Satisfaction. Client Satisfaction would then be split to 5 points for each of the following: 1) Do you have a method of evaluating client satisfaction, 2) has the data been analyzed, and 3) was the data used to inform or change the program if appropriate. The motion was passed [4].

3. To follow-up on a few things from the last meeting at Glide, the epidemiological group is looking into the reporting of transgender category and will be getting back to us. Also the matrix that Marcy Fraser did is being updated and added to and will be available at the next meeting. There are a couple of mathematical errors in the percentage changes in the scenarios that were handed out earlier. They effect primary care and alternative therapies. A correcterd version of scenario one will be sent to you.

C. Long-range Planning Subcommittee: *Tom Calvanese*: Concerning the implementation of a client satisfaction survey, there were a few things that came up. We initially allocated $75,000 for this survey. Then there was the desire to do a needs assessment should be done as part of the tool to avoid unnecessary redundancy of information. There's some clarity needed as far as a budget for this project. Here are three recommendations to best implement the survey: 1) that we use Positive Resources as a means to find people living with HIV to do some temp work on the surveys, 2) to use some of the money for incentives to get people to fill out the surveys, and 3) to have the surveys available to other-than-CARE-funded sites as well. *Mitch Katz*: Methodologically, the AO wanted to coordinate the needs assessment which is required by HRSA with the client satisfaction survey. We estimate that it will cost a minimum of $160,000 to do both needs assessment and client satisfaction (see attached). This is a conservative estimate. In-kind AO staff support is heavily counted on. There is a first draft of the survey which was just sent out today. We will get a copy to all members of the Council. *Mary Jane Wood*: Is this going to be tailored to all the counties or just SF? *Steve Lew*: As a HRSA requirement, the needs assessment would have to EMA-wide. We will further discuss in committee whether or not the client satisfaction part should or could be extended as well. *Tom Calvanese*: We first need to review the tool as soon as possible, and discussions need to begin on what we will do with the data gathered. *Wayne Davis*: Is there a way to get opinions of people who don't necessarily use services and why they don't? *Steve Lew*: These are exactly the types of things that we are discussing in the subcommittee and I suggest that people attend the meeting on Thursday after reviewing the draft.

D. Evaluation Subcommittee: No Report

E. Administrative/Logistics: No Report

F. Membership Subcommittee: No Report

G. Public Policy: No Report

DRAFT

VIII. New Business: *Mariam Farooq*: I have a MD to recommend for membership but never saw a finalized application form. *Michael Chesek*: I have some right here.

IX. Adjournment 7:00 PM

[1] ROLL CALL	Quorum: 4:40-PM	✓ = *Present*; A = *Absent*; E = *Excused Absence*. L = *Leave of Absence*											
Tom Calvanese	✓	Mariam Farooq	✓	Bill Hershon	✓	Michael Montgomery	A	Rudy Servin	L
Michael Chesek	✓	Marcy A. Fraser	L	Danny Joe	✓	Janet Nassar	✓	Thomas Sinclair	✓
Pat Christen	✓	Barbara Garcia	✓	Susan Karp	E	Bob Nelson	✓	Laura Thomas	✓
Gene Copello	✓	Lynford Gayle	✓	Jon Henry Kouba	✓	Norm Nickens	✓	Rita Times	✓
Wayne Davis	✓	Jon Dean Green	✓	Gifford Leoung	A	Carmen Portillo	✓	Mario Valdez	✓
Thomas Lee Eades	A	John Gressman	✓	Steve Lew	✓	Joy Rucker	A	Jerry Windley	A
		Dee Hampton	✓	J.B. Molaghan	A	Barry Savage	✓	Mary Jane Wood	✓
								Tom Zickgraf	✓

[2] VOTE on Scenario #1 for Reduced Funding

A = Abstain; N= Opposed;
Y= For; O = Not present at vote.

Calvanese	Y	Hampton	Y	Portillo	Y
Chesek	Y	Hershon	Y	Rucker	Y
Christen	Y	Joe	Y	Savage	Y
		Karp	Y	Servin	0
Davis	Y	Kouba	Y	Sinclair	Y
Eades	0	Leoung	0	Thomas	Y
Farooq	Y	Lew	Y	Times	Y
Garcia	Y	Molaghan	0	Valdez	Y
Gayle	Y	Montgomery	0	Windley	0
Green	A	Nassar	Y	Wood	A
Gressman	0	Nelson	Y	Zickgraf	A

DRAFT

[3] VOTE on Motion A

A = Abstain; N= Opposed;
Y= For; O = Not present at vote.

Calvanese	Y	Hampton	Y	Portillo	N
Chesek	Y	Hershon	Y	Rucker	N
Christen	N	Joe	N	Savage	Y
Davis	Y	Karp	N	Servin	0
Eades	0	Kouba	Y	Sinclair	N
Farooq	N	Leoung	0	Thomas	N
Garcia	N	Lew	N	Times	N
Gayle	N	Molaghan	0	Valdez	N
Green	N	Montgomery	0	Windley	0
Gressman	N	Nassar	N	Wood	N
		Nelson	Y	Zickgraf	N

[4] VOTE on Motion B

A = Abstain; N= Opposed;
Y= For; O = Not present at vote.

Calvanese	N	Hampton	N	Portillo	Y
Chesek	N	Hershon	0	Rucker	Y
Christen	Y	Joe	Y	Savage	Y
Davis	N	Karp	Y	Servin	0
Eades	0	Kouba	Y	Sinclair	Y
Farooq	Y	Leoung	0	Thomas	Y
Garcia	Y	Lew	Y	Times	Y
Gayle	Y	Molaghan	0	Valdez	Y
Green	Y	Montgomery	0	Windley	0
Gressman	Y	Nassar	Y	Wood	Y
		Nelson	Y	Zickgraf	Y

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HIV HEALTH SERVICES PLANNING COUNCIL

May 13, 1996

The Agenda of this meeting is missing.

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Government Information Center

HIV Health Services Planning Council — May 13, 1996

Minutes of Meeting at Leland Avenue Residence

I. **Call to Order: 4:45 PM**

II. **Roll Call** [1]

III. **Review and Approval of Agenda.** The agenda was approved.

IV. **Review and Approval of Minutes:** Minutes of 4/22/96 were approved as corrected (abstained: Windley, Times). Minutes of 4/29/96 were approved as corrected (abstained: Windley, Montgomery).

V. **General Announcements:** *Norm Nickens:* On May 23 & 24, there will be a group of representatives from the White House visiting Oakland (Thursday) and San Francisco (Friday). Details are being worked out but should include a town hall meeting probably at 101 Grove in the Health Commission Chambers, and some site visits.

VI. **Public Comment:** *Deanne Jones, Nurse at SFGH AIDS Oncology Unit.* After a series of informal meetings with a number of clinical providers where we came together to discuss some of the difficulties that we're having providing care for a segment of the PWA population -- namely the multi-diagnosed patients. This group constitutes an increasing number of patients that were at SFGH. We estimate that approximately 200 people that are dually or triply diagnosed are not receiving optimal care. It is often in crisis mode through the ER with stays of five days or less. They don't fit into many existing models of care. We feel that there is a lack of residential placement options that have adequate resources to care for this patient population and that the services must be based on a harm-reduction strategy -- particularly relating to substance use. Additionally, staff must be trained in dealing with these people while maintaining the safety and symptom management of others in the facility. There is no on-site 24-hour care and no imposed formal system of communication between care providers. Patients end up in the most expensive bed in the system -- on Ward 5A at $1,500 per day. If anyone is interested in joining an ad hoc committee to address this, please contact me at 206-3260.

Jim Illig, HIV Contractors Association: We've requested of the AO as well as of the Administrative and Logistics Subcommittee that the progress of contract extensions be included on the agenda of each meeting.

Norm Nickens: It was raised at the last subcommittee meeting and is still under consideration.

VII. **Reports:**

A. Co-Chairs:

Norm Nickens: We have received a letter of resignation from Marcy Fraser who has accepted a position with the AIDS Office. On behalf of the AO and the Planning Council, I'd like to thank Marcy for her years of service and continuing support of our efforts.

HRSA has scheduled another Technical Assistance Conference Call for Wednesday June 12 from 11 AM to 12 PM on the topic of Effective Integration of Consortia in Planning Council Activities. If anyone is interested in attending, please contact me.

We got a report from HRSA on a review of State ADAP programs. If you'd like a copy of this rather long report, please contact me.

Laura Thomas: As most of you already know, the Ryan White CARE Act was finally reauthorized and the President is expected to sign it on May 20, 1996. *Jerry Windley*: As liaison for the CARE Coalition to the Council, I got a packet of information detailing the significant changes in this new CARE Act. *Norm Nickens*: We will put this on the agenda for the next meeting and get copies to all Council Members.

Laura Thomas: I would like to ask the Council if you are willing to write a letter of thanks to the CARE Coalition for their work on getting the CARE Act reauthorized and also a letter to Michael Iskowitz in Senator Kennedy's office for all the work he has done. It was voted unanimously that the Council do this.

B. Branch Chief: *Gene Copello*:

1. General: On our next meeting on June 10th we will be doing a review of our 5-Year Plan. You may want to review it so we can make some decisions on revising timelines etc. We also plan to have Marin and San Mateo Counties give their yearly review of their CARE-funded programs. I'd like to hand out a corrected copy of the Tenderloin Matrix which Marcy prepared for us (attached). If you have any further corrections or additions, see Marcy.

2. HOPWA Funding Issues: Presentation and Proposal by Catholic Charities and *Olsen Lee, SF Redevelopment Agency. Gene Copello*: These are the AO recommendations on roll-over Funding: (See attached AO Recommendations list) *Mary Jane Wood* moved to accept the AIDS Office Recommendations (Motion A). It was seconded. *Jon Dean Green*: It is important that we follow through with what we committed to three years ago. *Lynford Gayle*: This place is not going to serve those in the TL with drug problems who have a right to die with dignity. *Mary Jane Wood*: There are many different populations who are underserved and this place will meet many of those needs. We have an obligation to do what we promised three years in developing capital projects. Now is not the time to back out on those commitments. *Joy Rucker*: I feel that with many of the concerns raised, we should support this but only 70% of the 1.2 Million and follow-up in one year (7/98). I make that a Substitute Motion: Accept AO Recommendations with the exception of number 2 which should be 70% of 1.2 Million with follow-up in July, 1998. It was seconded. *Bill Hershon*. There are needs all over the City and we've committed 5 million of public funds already to this facility and we have a responsibility to live up to our commitments. *Tom Calvanese*: We must be careful to not present this as a place which will help triply-diagnosed individuals for it will not. I'm not saying it won't be successful. *Janet Nassar*: This is a very large amount of money, many things have come up since the original commitment was made and I feel we need more time to make this decision. *Jerry Windley*: It's obvious that this does not address the population in the TL. We still have a long way to go in addressing that group. There are people who will be served by this project and we should follow through with the funding necessary. *Bob Nelson*: We did commit Ryan White dollars to HOPWA funds used for capital developments. I'm concerned that people think this place was meant to address problems at the Ambassador - it is not and never was. Question was called on Substitute motion. It failed [2]. Questions was called on Motion A. It failed [3]. *Rita Times* made a motion to Accept #1 and table #2 & 3. It was seconded. *Olsen Lee*: The Redevelopment Agency cannot proceed with opening without operating funding commitments. There would be delays and it raised a cloud over other projects in development. Various members voiced the opinion that it is pointless to put this off any longer. The motion was withdrawn. *Lynford Gayle* I would make a Motion to return to the three AO Recommendations with #2 being reduced by 70% (Motion B) It was seconded. It failed [3]. *Thomas Lee Eades*: I don't see representatives from many of the large organizations which will benefit from this place opening and should be kicking in some support with in-kind services and the like. I feel the 70% is still high but an acceptable compromise. I don't feel this group should have to foot the entire bill. *Bob Nelson*: Speaking as a housing provider, it is very hard to procede or plan with full funding this year and only 70% for next year expecting other agencies to make up the difference. *Mary Jane Wood*: $400,000 is not an easy sum to fund-raise. It's ludicrous that we say on the one hand to open this up and serve this difficult population, and on the other hand we're going to reduce our support by 70%. *Tom Calvanese*: I think a years time is enough time to come up with other funding options. It's not fair of us to say will fund this 100% and then go to our other agencies and say you're going to have to take a cut. Let's work together to keep the funding levels up. *Thomas Lee Eades*: I propose a friendly amendment that we procede with an unspecified amount dollar amount and that that dollar amount be determined by a taskforce which will examine these ten supportive service contracts and compare them to the existing CARE contracts. *Norm Nickens*: This would leave the Redevelopment Agency with no idea how much money they will have to procede. *Lynford Gayle*: I do not accept. *Mariam Farooq*: I don't think anyone is against the opening of this facility. Let's move on. Question was called. The motion failed [4]. Janet Nassar: I move that we accept the AIDS Office Recommendations as stated -- no changes (Motion C). It passed. [5]. *Norm Nickens*: before we leave, can I assume that what's left on the agenda be moved to the June 10th meeting? YES!

C. Long-range Planning Subcommittee: *Tom.*
D. Evaluation Subcommittee: No Report
E. Administrative/Logistics: No Report
F. Membership Subcommittee: Proposed Bylaws Amendment (VOTE) This was not addressed at this meeting.
G. Public Policy: No Report

VIII. New Business: None.

IX. Adjournment 8:10 PM

[1] ROLL CALL	Quorum: 4:40-PM	✓ = *Present*; A = *Absent*; E = *Excused Absence*. L = *Leave of Absence*

Tom Calvanese	✓	Mariam Farooq	✓	Bill Hershon	✓	Michael Montgomery	✓	Rudy Servin	L
Michael Chesek	✓	Barbara Garcia	E	Danny Joe	A	Janet Nassar	✓	Thomas Sinclair	✓
Pat Christen	A	Lynford Gayle	✓	Susan Karp	E	Bob Nelson	✓	Laura Thomas	✓
Gene Copello	✓	Jon Dean Green	✓	Jon Henry Kouba	✓	Norm Nickens	✓	Rita Times	✓
Wayne Davis	E	John Gressman	A	Gifford Leoung	A	Carmen Portillo	E	Mario Valdez	✓
Thomas Lee Eades	✓	Dee Hampton	A	Steve Lew	✓	Joy Rucker	✓	Jerry Windley	✓
				J.B. Molaghan	A	Barry Savage	✓	Mary Jane Wood	✓
								Tom Zickgraf	E

[2] VOTE on Substitute Motion

A = Abstain; N= Opposed;
Y= For; O = Not present at vote.

Calvanese	Y	Hampton	0	Portillo	0
Chesek	N	Hershon	N	Rucker	Y
Christen	0	Joe	0	Savage	Y
		Karp	0	Servin	0
Davis	0	Kouba	0	Sinclair	N
Eades	Y	Leoung	0	Thomas	Y
Farooq	Y	Lew	0	Times	N
Garcia	0	Molaghan	0	Valdez	N
Gayle	Y	Montgomery	Y	Windley	N
Green	N	Nassar	N	Wood	N
Gressman	0	Nelson	A	Zickgraf	0

[3] VOTE on Motion A

A = Abstain; N= Opposed;
Y= For; O = Not present at vote.

Calvanese	N	Hampton	0	Portillo	0
Chesek	Y	Hershon	Y	Rucker	N
Christen	0	Joe	0	Savage	Y
Davis	0	Karp	0	Servin	0
Eades	N	Kouba	0	Sinclair	Y
Farooq	N	Leoung	0	Thomas	Y
Garcia	0	Lew	N	Times	N
Gayle	N	Molaghan	0	Valdez	Y
Green	Y	Montgomery	Y	Windley	Y
Gressman	0	Nassar	N	Wood	Y
		Nelson	A	Zickgraf	0

[4] VOTE on Motion B

A = Abstain; N= Opposed;
Y= For; O = Not present at vote.

Calvanese	Y	Hampton	0	Portillo	0
Chesek	Y	Hershon	Y	Rucker	A
Christen	0	Joe	0	Savage	N
Davis	0	Karp	0	Servin	0
Eades	Y	Kouba	0	Sinclair	N
Farooq	Y	Leoung	0	Thomas	Y
Garcia	0	Lew	0	Times	Y
Gayle	Y	Molaghan	0	Valdez	Y
Green	Y	Montgomery	Y	Windley	N
Gressman	0	Nassar	Y	Wood	N
		Nelson	A	Zickgraf	0

[5] VOTE on Motion C

A = Abstain; N= Opposed;
Y= For; O = Not present at vote.

Calvanese	N	Hampton	0	Portillo	0
Chesek	Y	Hershon	Y	Rucker	A
Christen	0	Joe	0	Savage	Y
Davis	0	Karp	0	Servin	0
Eades	N	Kouba	0	Sinclair	N
Farooq	A	Leoung	0	Thomas	Y
Garcia	0	Lew	0	Times	N
Gayle	N	Molaghan	0	Valdez	Y
Green	Y	Montgomery	Y	Windley	Y
Gressman	0	Nassar	Y	Wood	Y
		Nelson	A	Zickgraf	0

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AIDS Office Recommendations on Roll-Over Funding

1. On July 1, 1997, allow roll-over of 10 Supportive Service contracts totaling approximately $1,592,783. The San Francisco Redevelopment Agency will present the actual dollar amount to the Mayor's HIV Health Services Planning Council no later than September 1, 1996.

2. On July 1, 1998, allow roll-over of Supportive Services contract for Leland House totaling approximately $1.2 Million. The San Francisco Redevelopment Agency will present the actual dollar amount to the Mayor's HIV Health Services Planning Council no later than September 1, 1997.

3. On July 1, 1998, allow roll-over of Supportive Service contracts for projects commencing service between July 1, 1996 and June 30, 1997. The San Francisco Redevelopment Agency will present the actual dollar amount to the Mayor's HIV Health Services Planning Council no later than September 1, 1997.

TENDERLOIN HIV/AIDS SERVICES SUMMARY
Prepared for the HIV Health Services Planning Council by Marcy Fraser
April 22, 1996

The area of San Francisco known as the Tenderloin is an area whose boundaries have been defined by several groups. Providers from the Tenderloin HIV provider community agree that the T.L. encompasses a portion of the city that extends from Polk to Powell and from Geary to Market. Some providers include 6th and 7th Streets to Mission as well.

The San Francisco Police Department Tenderloin Task Force defines the Tenderloin as the area bordered by Geary, Larkin and Market. According to an SFPD spokesperson, that is the official Tenderloin geographic area. However, that defintion is a vastly smaller than what Tenderoin service providers use.

Tenderloin HIV/AIDS services can be discussed in three ways.

1. Services that are provided on site by agencies from outside the Tenderloin neighborhood; ie, VNH, Open Hand, AHP
2. Services provided by agencies with locations in the Tenderloin to residents of the Tenderloin; ie TARC, Lutheran Social Services, Shanti
3. Services provided to residents of the Tenderloin in locations outside of the Tenderloin. ie, Tom Waddell Clinic, Ward 86

I have listed below a summary of agencies serving Tenderloin residents and their services.

1. Tenderloin AIDS Resource Center (TARC)

TARC is a street front location that provides services to HIV+ people and people with disabling HIV and AIDS. Services offered include: case management, emotional support (individual and groups), substance abuse counseling (individual and groups), a comprehensive transgender program, referrals, community health outreach (as a part of CHOW); services for sex industry workers; staff stationed in parks, on the street and in hotels for bleach and condoms. They also participate in the SFAF peer-based prevention/risk reduction program. Last year they saw 8,000 people in the street outreach program.

2. Lutheran Social Services

LSS has a program housed in the Ambassador Hotel and their main office is at 6th and Market. The provide rental subsidies, money management, Native American rent subsidy program, support services connected to homeless shelters, CHIPS access, and emergency housing. At the Ambassador Hotel services provided are: case management for the subsidy recipients (PWA on GA applying for disability with ABC); emergency funds for direct services (transportation, Identifications birth certificates and medications).

3. AIDS Health Project

AHP provides mental health services to people in the Tenderloin at their location at 10 UN Plaza and at the Shanti site in the Tenderloin. Services include crisis services, psychiatric and neuropsychiatric evaluations, psychiatric consult to home based workers, AIDS Substance Abuse Services (ASAP) to get people discharged from SFGH into drug treatment, emotional support and counseling (individual and groups) at the Shant location in the Tenderloin.

3. Tom Waddell Clinic

The TWC provides health care for the homeless at various sites including hotels and shelters. The services are provided by a multidisciplinary team whose clients are referred from street outreach efforts. They visit several hotels along the 6th Street corridor and work in conjunction with the needle exchange program at these sites. TWC is very interested in working with other providers in the Tenderloin, in building capacity for services and eventually creating a street level site where many services could be available.

4. Visiting Nurses and Hospice

Provides home health and hospice services to people with AIDS and disabling HIV. Services include nursing, social work, rehab, attendant care. Have staff on site at the Ambassador most days. Clients must meet "medically necessary" criteria for service.

5. San Francisco AIDS Foundation

While the SFAF has no sites in the Tenderloin, they are located on the edge of that neighborhood area. The Foundation provides emergency housing vouchers, rental subsidies, and case management for women. Also provided are psychosocial services, information and referral, prevention services, a hotline and a wide array of literature on HIV services.

6. Shanti Project

Shanti maintains a site in the heart of the Tenderloin. The program is in collaboration with AHP and offers a variety of services: a breakfast program, case management, emotional suport groups and individual counseling, substance abuse counseling and referrals to AHP psychiatrists for evaluation. The site is used by residents of the area who are HIV positive as a place to get off the street, watch TV and relax indoors as well as a place to receive services.

7. AIDS Benefits Counselors

ABC provides services at the Ambassador Hotel and at the Shanti site at 230 Jones St. twice each week. Services include benefits and entitlements counseling for people with HIV and AIDS.

7. Ward 86

Ward 86 provides primary medical care at the clinic at SFGH. In the Tenderloin area they provide on site medical assessments, follow-up for patients who do not show up for appointments at the clinic and case finding for people who are reluctant to go to a doctor or nurse. A staff Nurse Practitioner visits the Ambassador Hotel for four hours per week to see patients. In addition, MDs do home visits as a part of their home care program for terminally ill and homebound patients. The case finding that the NP does assists clients who may be very ill, but unwilling to make an appointment or go out of the neighborhood area for their care.

8. AIDS Emergency Fund

AEF offices are not in the Tenderloin yet work with other agencies that are. Other agencies in the Tenderloin do intakes for AEF then refer the clients to the offices at Van Ness and Market.

9. Catholic Charities

CC has a number of programs to assist residents of the Tenderloin with HIV. Among them: rental assistance for up to 90 days at the Ambassador and other hotels; first month rent to establish people in housing; referrals to other agencies for services not provided by CC; money management for low income people; emergency health funds for payments to Insurance or for medications that comes in the form of a $500 grant renewable every 12 months. People are referred to CC often from the hotels and come to 814 Market St. for intake and follow-up by case workers.

10. Open Hand

Home delivered meals to residents of the Tenderloin and bags of groceries.

11. Independent Housing Services

IHS provides housing placements and administers the CHIPS Program as an alpha test site.

12. S.F. Network Ministries/Genesis Church

Provides chaplain services at the Ambassador Hotel and extending to hospitals to follow people from the community while they are hospitalized. On site at the Ambassador Hotel.

13. S.F. Community Clinic Consortium

The consortium has one clinic located in the Tenderloin which is St. Anthony's located at 105 Golden Gate Avenue. The other clinic in the Tenderloin in specifically for seniors, those over 55, at the North of Market Senior Center located at 333 Turk St.

14. Glide

Glide Foundation provides a variety of services in the Tenderloin at 330 Ellis St. They include: a substance abuse program, meals, case management, support groups and client advocacy.

15. Continuum HIV Day Services

Located in the Tenderloin, Continuum provides on site substance abuse counseling, nursing care, medical care, day/respite care, meals, emotional support and referrals. In addition they provide transportation using their own passenger vans and have the capacity to transport wheelchair bound persons.

16. SF Food Bank

SF Food Bank provides food bags to residents of the Tenderloin via agencies with food or meal programs. They service 350 agencies in the city, many of which are in the TL. Agencies shop at the food bank and get discounted pricing. Soup kitchens, shelters, meal programs, etc. buy food from the bank. Emergency food box program distibutes a 3 day supply for an individual or family.

Sheet1

Sh

	CaseMgt	S/ACouns	Emot Sup	Rent Subs	CHIPS	EmrgFnds	CrisisSvc	Psychiatc	PrimCare	Referrals	NsgCare	Attndnts	Hospice	Prevent.	BenefitCo	$$Mgmt	Meals	Chaplain	StOutrch	24HrHotlin	NeedleXc
TARC	x	x	x				x							x							
Luth SS	x		x	x	x	x				x					x	x					
AHP		x	x				x	x		x											
TWC							x		x	x	x								x		
VNH	x		x							x	x	x	x					x		x	
SFAF	x			x	x	x				x				x						x	x
Shanti	x	x	x							x							x				
ABC															x						
Ward 86							x		x	x	x								x		
AEF						x															
Cath Char				x		x				x						x					
Open Hnd																	x				
IHS					x																
SF NetMin																		x			
SFCCC								x	x		x										
Glide	x	x	x														x	x			
Continuum		x	x					x	x	x	x						x	x			
SF Food B																	x				
Westside	x		x	x						x	x	x		x					x		

HIV HEALTH SERVICES PLANNING COUNCIL

June 10, 1996

The Agenda of this meeting is missing.

San Francisco Public Library
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HIV Health Services Planning Council June 10, 1996

Minutes of Meeting

I. **Call to Order: 4:45 PM**

II. **Roll Call** [1]

III. **Review and Approval of Agenda**. The agenda was approved.

IV. **Review and Approval of Minutes:** Minutes of 5/13/96 were not yet available and will be approved at the next meeting.

V. **General Announcements**: *Jerry Windley:* I spoke with Leslie Katz, newly-appointed Supervisor, who is very interested in attending one of our meetings in the near future.

VI. **Public Comment**: *Jim Illig, HIV Contractors Association*: Over three months ago when Mitch Katz announced the new plans for contract renewals and modifications for this year, we requested that the AO put on every agenda a report on where the contracts were getting stuck. This request was referred to the Admin./Logistics Subcommittee in April. At the last meeting at Leland Ave., I again brought this up and was told that there was no decision from the subcommittee yet. I have here a copy of a list generated by the Contracts Office at 101 Grove (SFDPH) which is already three weeks old and there are 47 contracts on here with 15 of them stuck at 101 Grove. This is a real problem for small contractors.
Talitha Marti, Bridge for Kids: We submitted a 95-96 contract modification to the AIDS Office on March 19th. The next time we heard from our Program Manager was on April 25th. From there it was passed to the Office of Contract Management on May 16th. Last Friday, I found out that it is moving on and should come back to the AO sometime this week to begin the invoicing process where we can then get reimbursed for our March expenses. Our cash flow is being significantly affected by these delays and we will eventually have to make staff or service cuts in order to maintain some of our services.
Norm Nickens: Let me update on this issue. The Health Commission at their last meeting did address the issue of delays in the contracting process and requested Monique Zmuda, CFO of the DPH, to look at these delays and report back in July. The AO will also be making a presentation in July on this issue.
Jerry Windley: I'd like to have an update at our next meeting on where this is with the subcommittee and the Health Commission.

VII. **Reports:**

A. Co-Chairs: *Norm Nickens*: I have received a letter of resignation from JB Molaghan due to work schedule conflicts. This is effective immediately. Membership nominations are due by this Friday. The next thing is regarding Co-chair elections. The Bylaws state that the election of new co-chairs is to happen at the first meeting in July. I would like to request that we suspend the bylaws by 2/3rds vote to have the elections at the next meeting (6/24/96). The reason is we have received a request from HRSA to send individuals to a conference in Washington in late July. We would like to have the co-chairs attend this meeting, but in order to make travel arrangements, they need to know who is going to be attending by July 1. This was OK'd by majority (Opposed: Hershon, Calvanese)

B. Branch Chief: *Gene Copello*:

1. General: At our next meeting, there will be a specific update of the 5-year Housing Plan. Tonight will update the 5-year Comprehensive Plan. There will also be an update from the AO contracts unit. At the July 8th meeting, there will be a number of issues to be dealt with regarding the new CARE Act which may include some bylaws changes. I would like us to start the planning process in August this year to get a head start in preparation for the November 1st implementation date.
2. Five-year Comprehensive Plan Review and Update:. *Marcy Fraser*: Marcy gave an outline of Goals and Objectives that she perceived as lacking in completion after two years of the 5-year plan. There was some discussion, after which, Mary Jane Wood moved that this document should be reviewed by the Long-Range Planning Subcommittee and the AIDS Office for more detailed analysis and proposal of recommendations and changes to Goals and Activities and to get back to the Council in a timely manner. It was suggested that measurable units, activities and timelines be detained as well. Understanding that this was an ambitious plan, we should not lower our ideals just because many goals have not yet been met. Also more community involvement was suggested as well as better marketing of the Plan to the Board of Supervisors and other community leaders who don't seem to know about it. Mary Jane's motion was approved by verbal vote.

3. Marin County Annual Report. Jon Dean Green: (See handout)
4. San Mateo County Annual Report. Jonathan Messenger. (See handout)
5. Black Coalition of AIDS Update: *Norm Nickens*. There have been many administrative and personnel difficulties with the BCA over the last year and particularly the last few months. The Health Commission expressed its concerns about the current status at the agency at their last meeting. Following that, there was a meeting between Dr. Hernández, myself and the Board of Directors of BCA. After that meeting, the President and the Treasurer of the Board resigned and we are currently working with the board to reconstitute and expand the Board. Last week, the Interim Executive Director was terminated by the Board. I notified the Subcommittee on Evaluations last week that we were in a situation that could likely result in a recommendation of probation by the AO to the Planning Council. That has not yet been made and we are continuing to work closely with the organization to assist them in rebuilding the Board and stabilizing the agency as well as helping to identify candidates for the position of Interim Executive Director and in the long-term, a permanent Executive Director. It is our hope that this will all be done within the next two weeks. To the best of my knowledge, client services have not been directly affected by these events. If funding were to be terminated, services would be transferred to other organizations

C. Administrative/Logistics Subcommittee: *Tom Calvanese* (see handout) There are a few changes to the mailout which were since given to me by committee members. First about sole-sourcing and RFPs being released after 18 months, that would be changed to during those 18 months to take effect at the end of the 18 month period. Concerning needs assessment, rather than naming a specific agency, it should read that we would contract with a work referral agency for people with HIV which would also help staff a proposed help line as discussed by the Evaluation and the Long-range Planning Subcommittees. Bill Hershon moved that the Council accept these recommendations. Norm Nickens and Bob Nelson: It was originally planned that these recommendations would be brought to the Subcommittee meeting on June 17th for review, then be brought to the Council on June 24th for Vote. It was then suggested by the Subcommittee that the information be mailed out to Council members for review, feedback could be given to subcommittee members, and with some revisions, we could vote on it tonight. Question was called. Unfortunately, there was no longer a quorum present to vote. Many frustrations were aired. It was recommended that at the next meeting, subcommittee reports should be moved to the top of the agenda to assure that they get addressed. It was also suggested that is be detailed in the agenda exactly which subcommittees will be giving a report.

D. Evaluation Subcommittee: No Report

E. Long-range Planning Subcommittee: No Report

F. Membership Subcommittee: *Wayne Davis*: Rudy Servin requested a 3-month leave of absence in a letter dated April 8, 1996. The Subcommittee approved a 2-month LOA in accordance with the Bylaws beginning April 8 through June 8. There is still due a vote to formally adopt the bylaws amendment approved at the meeting of 2/12/96. It will be scheduled at the next meeting. Nomination forms for new Council members were mailed out in mid-May to contractors, media, community organizations. June 15th is the deadline for these applications. There will be a survey mailed out to Council Members to help identify what constituencies are currently represented on the Council. Attendance letters were sent to members who's records are in conflict with the Bylaws. Further action will be considered at the next Subcommittee meeting. A facilitator for the Membership Subcommittee will be elected at the next meeting on June 17th at 5:30 PM.

G. Public Policy Subcommittee: No Report

VIII. New Business: None.

IX. Adjournment 7:15 PM

[1] ROLL CALL	Quorum: 4:40-PM	✓ = *Present*; A = *Absent*; E = *Excused Absence*. L = *Leave of Absence*											
Tom Calvanese	✓	Mariam Farooq	✓	Bill Hershon	✓	Michael Montgomery	E	Rudy Servin	L
Michael Chesek	E	Barbara Garcia	✓	Danny Joe	✓	Janet Nassar	✓	Thomas Sinclair	✓
Pat Christen	A	Lynford Gayle	✓	Susan Karp	✓	Bob Nelson	✓	Laura Thomas	✓
Gene Copello	✓	Jon Dean Green	✓	Jon Henry Kouba	✓	Norm Nickens	✓	Rita Times	E
Wayne Davis	✓	John Gressman	✓	Gifford Leoung	✓	Carmen Portillo	E	Mario Valdez	✓
Thomas Lee Eades	A	Dee Hampton	✓	Steve Lew	E	Joy Rucker	✓	Jerry Windley	✓
				J.B. Molaghan	R	Barry Savage	E	Mary Jane Wood	✓
								Tom Zickgraf	✓

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HIV Health Services Planning Council

25 Van Ness Avenue, Suite 330

June 24, 1996

Agenda

I.	Call to Order	4:30 PM
II.	Roll Call	4:31
III.	Review and Approval of Agenda	4:35
IV.	Review and Approval of Minutes of 5/13/96 & 6/10/96	4:37
V.	General Announcements	4:40
VI.	Public Comment	4:50
VII.	Reports	5:00
	A. Co-chairs Report	
	B. Administrative/Logistics Subcommittee Report: Recommendations (Possible Vote)	
	C. Evaluations Subcommittee Report	
	D. Long-range Planning Subcommittee Report	
	E. Membership Subcommittee Report	
	F. Public Policy Subcommittee Report	
	G. Branch Chief Report	
	1. Five-year Housing Plan	
	2. Contract Process/Status	
	3. Black Coalition on AIDS (BCA) Follow-up	
VIII.	Co-chair Election	
IX.	New Business	
X.	Adjournment	7:30

Up-coming Meetings: June 24 - Planning Council 4:30 - 7:30
July 1 - Evaluations Subcommittee 4:30 - 6:30
Long-range Planning Subcommittee 4:30 - 6:30
July 8 - Planning Council 4:30 - 7:30
July 15 - Administration/Logistics Subcommittee 4:00 - 5:30
Public Policy Subcommittee 5:30 - 7:30
Membership Subcommittee 5:30 - 7:30

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HIV HEALTH SERVICES PLANNING COUNCIL

June 24, 1996

The Minutes of this meeting are missing.

San Francisco Public Library
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HIV Health Services Planning Council

25 Van Ness Avenue, Suite 330

July 8, 1996

Agenda

I.	Call to Order	4:30 PM
II.	Roll Call	4:31
III.	Review and Approval of Agenda	4:35
IV.	Review and Approval of Minutes of 6/24/96	4:37
V.	General Announcements	4:40
VI.	Public Comment	4:50
VII.	Co-chair Election (VOTE)	5:00
VIII.	Reports	5:15
	A. Co-chairs Report	
	B. Branch Chief Report	
	1. Discussion of FY 1996-97 Budget (VOTE)	
	2. FY 1997-98 Planning Process Timeline	
	C. Administrative/Logistics Subcommittee Report	
	D. Evaluations Subcommittee Report	
	E. Long-range Planning Subcommittee Report	
	F. Membership Subcommittee Report	
	G. Public Policy Subcommittee Report	
IX.	New Business	
X.	Adjournment	7:30

Up-coming Meetings:

July 15 - Administration/Logistics Subcommittee 4:00 - 5:30
Public Policy Subcommittee 5:30 - 7:30
Membership Subcommittee 5:30 - 7:30
July 22 - Planning Council 4:30 - 7:30
August 5 - Long-range Planning Subcommittee 5:30 - 7:30
Evaluation Subcommittee 5:30 - 7:30

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HIV HEALTH SERVICES PLANNING COUNCIL

July 8, 1996

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HIV HEALTH SERVICES PLANNING COUNCIL

September 30, 1996

The Agenda and Minutes of this meeting are missing.

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HIV HEALTH SERVICES PLANNING COUNCIL

October 7, 1996

The Agenda of this meeting is missing.

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HIV Health Services Planning Council

Minutes of Meeting

DRAFT

October 7, 1996

I. **Call to Order: 4:37 PM**

II. **Roll Call** [1]

III. **Review and Approval of Agenda:** *Danny Joe* suggested that the public comments portion of the agenda be moved until after the Branch Chief's Report. *Rita Times* so moved. *Tom Calvanese* seconded, then asked if the Branch Chief's Report could be switched with Co-Chair's Report in order that those who wished to comment on it could do so sooner. *William Carter* asked why "New Issues Raised in the Application" was not on the agenda as indicated by the schedule. *Gene Copello* responded that those issues had been addressed previously or would be addressed later. *RT* amended her motion to include *TC*'s suggestion, and the motion was passed by voice vote.

IV. **Review and Approval of Minutes:** The minutes of the September 30 meeting were distributed, and will be voted on at the October 21 meeting.

V. **General Announcements:** The councilmembers had no general announcements.

VI. **Public Comment** *(unrelated to Needs of Women and Children)*: *Gene Gowde* of Dental Services made the case that Dental Services should be part of Primary Health Care. Dental Services sustained a $100 thousand cut in the last budget. There are many kinds of systemic care that HIV+/AIDS patients need that Dental Services provides, and they should not have to compete with Primary Health Care for funding.

Jean Lewis of the HOPE project (legal services for children) announced a family day on October 26 at 185 Kisco Road in Bayview/Hunters Point. In addition, on November 2 there will be a dedication of the Children's HIV Mural, between 1 and 3 PM in Balmy Alley.

VII. **Branch Chief's Report:** *GC* began by distributing materials requested at the September 30 meeting, which included: demographics for the ADAP; a breakdown of the increases in Federal AIDS funding; the updated contract status report with dollar figures; CHIPS program data by age and family unit, with a list of housing supportive services that CARE dollars currently fund, as well as those dually funded under HOPWA and CARE; and a revised chart from the SF Redevelopment Agency, with a new description of rollover funds. He explained that it had not been possible to distribute these materials by mail prior to this meeting. *Mike Allison* distributed a guide to the ranking of service categories with FY 97-98 annualized allocation dollars, to be used to prepare for the prioritization. *DJ* asked that members bring that guide to each meeting. *GC* then, having consulted with *Mitch Katz*, explained that the $937,000 allotted to 3TC expenditures that was not spent on 3TC became part of last year's rollover funds that will be used to reduce this year's shortfall.

1. **1997-98 Planning Process**

   A. **Epidemiology Report:** *Sandra Schwarcz*, AO Surveillance Unit Chief, distributed a memo and explained it for the council. *WC* asked if the HIV prevalence information included known PWAs; *SS* responded that it did for 1993, the year that the research panel was convened. She added that the reason that the estimate for HIV prevalence for gay/bisexual men is a higher percentage of the population than the known prevalence of AIDS for gay/bisexual men might be that survey instruments were better distributed to gay/bisexual men. *Steve Lew* asked if the HIV prevalence number for gay/bisexual male IDUs was similarly skewed high; *SS* responded that in general, gay/bisexual male IDUs "more closely resemble" other gay/bisexual men than other male IDUs. *Laura Thomas* added that the category of IDUs in the prevalence data included all heterosexual men and all women. *Wayne Peace* asked if there was information on prevalence for persons 24 years old or younger. *SS* said that there was currently a survey being administered for young men in gay bars that found a 9% prevalence rate, but that that survey had not been available in 1993. *WP* asked if that prevalence of HIV among young people was reflected by the chart showing AIDS cases by age group. *SS* asked him to call her.

   Chris Sayer asked if there had been research into prevalence among young persons who were not gay/bisexual men; *SS* stated that a survey of young women was currently being conducted. *WP* restated his desire to get a figure for HIV prevalence by age. *SL* suggested that the council look at seroprevalence figures used by the HIV Prevention Planning Council. *GC* said that the council could see the HPPC epidemiology profile, but cautioned that its conclusions were more tenuous than those of the 1993 prevalence study. *SL* asked if there was a figure for percentage of young gay/bisexual men in the total population. *SS* responded that a figure of 58,000 gay/bisexual men had been used in the past, and that the DPH was looking at funding a telephone survey that would provide a more accurate figure. *Bart Casimir* noted that many HIV+ individuals are not reported, and asked about the significance of reporting HIV status. *SS* said that HIV reporting is a very

done site-based respite at BAYPAC and UCSF which had been very successful. She asked that some additional transportation funding be built into respite care. *Barbara Garcia* asked if FSS had programs for kids with emotional and behavioral problems. *JL* responded that FSS has a contract with Family Mosaic, and agreed that serving problem children is a challenge. *Betsy* described why she needs two respite providers for her children. *TC* asked how units were measured, and how long was the waiting list, for respite services. *Judy Levin* said that since her project was just starting, they had no waitlist as yet, and that the unit of service was the number of hours times the number of children. *Tulitha Marti* of Bridge for Kids said that her group has a waitlist of over fifteen families for their respite services, which are provided by volunteers.

Diane Wade, a social worker for HOPE Legal Services for Children. They do family support, and have found that transportation is a real need.

Ruthie Valency works at the Bernal Heights Housing Coalition and is a member of the Women's AIDS Network. BHHC has two houses that serve women, and they've found that housing and services need to be integrated with one another for women to benefit.

[The council took a break from 6:20 to 6:35 PM]

IX. **Branch Chief's Report (Needs of Women and Children continued):** *NN* asked the council if there were additional requests for information relating to the presentation. *PC* urged the council to consider how difficult and time-consuming it is to raise a child, and think of the implications for units of service. She also noted that housing and transportation seemed to be the main themes of the presentation. *SL* asked for historical information about the success of utilization of respite care services, and *NN* said that he'd provide this. *Carmen Portillo* suggested that the materials sent out by the Surveillance Unit go to all councilmembers. *Mariam Farooq* stated that there needed to be more services for single, older, heterosexual women. *BC* asked if there should be a subcommittee of the needs of women and children, and *NN* remarked that although the current structure did not have population-specific subcommittees, that structure would be discussed further. *JT* asked whether CHIPS wasn't supposed to have staff to physically assist to find housing. *WC* noted that in the mailing on women and children, the percentages of CARE funding for women and children (8.15%) and the percentage of women and children with AIDS in the population (3.21%) were juxtaposed, and expressed concern about having to make prioritization choices with outdated or insufficient data. *PC* said that the SF Redevelopment Agency and the Housing Authority need to integrate support services. She also noted that we need to keep the many faces of the epidemic in mind when comparing funding for different groups. *TC* stated that the felt that turning over HOPWA funds to the housing authority has been a great mistake, and that the information in the report demonstrated this. He also pointed out that the Housing Authority handout refers to the staff position of Housing Advocate who "assists clients in finding safe, affordable housing options," which is inconsistent with feedback from clients. He added that CHIPS was originally supposed to provide a database of available housing for people receiving subsidies, which never happened. *CP* defended the record of the AO, saying that they do a better job than the nationwide standard, and that epidemiological trends will point to useful patterns.

RT pointed out a seeming inconsistency between the *SS*'s report and the mailed handout on women and children; *GC* showed that the mailed handout showed current funding levels alongside cumulative population percentages. *SL* asked for more consistency among printed materials, and asked that the council stay away from territoriality in determining how best to meet the needs of overlapping groups. *WP* commented that the council must pay attention to those people whose needs are not being met. *WC* asked what the AO was trying to tell him with the chart that *RT* had previously asked about. *JK* responded that nothing was being pointed to, and the chart should be seen as a snapshot. *GC* reminded the group that the report on women and children was a focus that was indicated at the retreat. *SL* said that he would like to see isolated numbers for long-range planning placed in context, and that small communities may need more funding per capita. *WP* announced that he would like to see information about people between the ages of 12-24, monolingual services, and mental health. Asked to specify, he asked to see what services are being funded, what types of services exist, and what services are needed. *GC* said that he could provide information on what has been funded, but he couldn't directly answer what was needed. *TC* agreed with *SL's* emphasis on context. He added that if the council looks at funding vs. AIDS prevalence for one group, it should do so for all groups. In addition, the council has to study accessibility to ensure that funded services are available to all. *PC* expressed frustration with the council for being "intellectually lazy." Councilmembers don't read the materials provided, and then complain about the specific data shown therein. It is the responsibility of the council to provide precise questions to be answered, and if it does not, one can't blame the AO for leading the council. Perhaps we could discuss the agenda of the next meeting at the end of each meeting, and ask for what information we will need. *MA*, noting that he will soon be facilitating the council, said that he felt councilmemebers were searching for understanding, and that maybe the information from the orientation could help all members. *RT* said that the reason she had asked questions about the chart was that she wasn't sure that other councilmembers had properly understood it. The 8.15% figure reflects services for not only mothers with AIDS, but also HIV+ mothers and their children regardless of serostatus. *WC* said that he was happy with the revised contracts status report. *GC* listed some of the things that would be distributed at the 10/21 meeting: the HPPC epidemiology profile; the most recent young gay/bisexual men's survey; and the 1993 consensus report on seroprevalence. *MA* asked how this information would be used, and *GC* and *LT* responded that it had been requested, and that members needed to get a

HIV HEALTH SERVICES PLANNING COUNCIL

October 21, 1996

The Agenda and Minutes of this meeting are missing.

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Michelle

Mayor's HIV Health Services Planning Council
October 28, 1996

New Location: San Francisco AIDS Foundation
10 United Nations Plaza, 6th Floor Conference Room
(at Market and Seventh Streets, Civic Center BART/MUNI)

Agenda

I.	Call to Order	4:30 PM
II.	Roll Call	
III.	Review and Approval of Agenda	
IV.	Review and Approval of Minutes of 10/21/96	
V.	General Announcements	4:35
VI.	Public Comment	4:40
VII.	Evaluator's Report	
VIII.	Co-chairs Report	
	A. Vote on Proposed Bylaws Ammendments	
	B. Other Items	4:45
IX.	Branch Chief's Report	4:50
	A. Materials Distribution	
	B. 1997-98 Planning Process 1. Client Satisfaction and Needs Assessment Survey Results 2. Panel Discussion: New and Emerging Drug Therapies	
	C. Prioritization Process	
X.	New Business	
XI.	Adjournment	8:00

Up-coming Meetings:

November 4 - Planning Council 4:30 - 8:00
November 18 - Planning Council 4:30 - 8:00
November 25 - Planning Council 4:30 - 8:00
December 9 - Planning Council 4:30 - 8:00

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HIV HEALTH SERVICES PLANNING COUNCIL

October 28, 1996

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Mayor's HIV Health Services Planning Council

November 4, 1996

Location: San Francisco AIDS Foundation
10 United Nations Plaza, 6th Floor Conference Room
(at Market and Seventh Streets, Civic Center BART/MUNI)

Agenda

I.	Call to Order	4:30 PM
II.	Roll Call	Billy Rudy Louis Teri MLD
III.	Review and Approval of Agenda	
IV.	Review and Approval of Minutes of 10/21/96	
V.	Public Comment	
VI.	Prioritization Process	
VII.	General Announcements	
VIII.	New Business	
IX.	Adjournment	8:00

Up-coming Meetings: November 18 - Planning Council 4:30 - 8:00
November 25 - Planning Council 4:30 - 8:00 Contingency planning
December 9 - Planning Council 4:30 - 8:00

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Compute averages (highest priority represents lowest score)

HIV HEALTH SERVICES PLANNING COUNCIL

November 4, 1996

The Minutes of this meeting are missing.

San Francisco Public Library
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HIV HEALTH SERVICES PLANNING COUNCIL

November 18, 1996

The Agenda of this meeting is missing.

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Mayor's HIV Health Services Planning Council

November 18, 1996

Minutes of Meeting

I. **Call to Order: 4:37 PM**

II. **Roll Call [1]**

DRAFT

III. **Review and Approval of Agenda:** *Mary Jane Wood* moved to approve the agenda; *Pat Christen* seconded. *Michael Chesek* distributed a handout and asked to add an item to the agenda between items VIII.A and VIII.B. *Rita Times* asked whether the council had time to consider the item; *MC* responded that the item had direct bearing on the prioritization process and should precede it. He then moved to add the item, and *William Carter* seconded. *PC* said that the item was important and should be considered. *RT* asked if the discussion of the item could take place in the small groups, and expressed concern that she hadn't been able to read the handout and that the item would take up too much time. *Janet Nassar* said that she felt overwhelmed and that she needed more time to consider the item. *Bart Casimir* said that he supported calendaring the item and that it was not "new." *Wayne Peace* said that the item could be handled very quickly, and that the authors of the proposal brought it before the council as soon as possible. *PC* suggested a friendly amendment that the item be allotted a maximum of five minutes. *MC* said that he would accept five minutes of discussion after the presentation; *Norm Nickens* suggested a ten minute total for presentation and discussion. *Joy Rucker* said that it was important to consider the item so that the prioritization process would not be fragmented. The motion to add the item was approved by voice vote. The motion to approve the agenda was passed, with *RT* opposing.

IV. **Review and Approval of Minutes:** *PC* moved to approve the minutes of the October 28 meeting; *Mark Serpas* seconded. The motion passed, with *Laura Thomas, Jon Dean Green,* and *JR* abstaining.

V. **General Announcements:** There were no general announcements.

VI. **Evaluator's Report:** *Ruel Cierra* introduced himself and distributed the evaluator's report.

VII. **Public Comment:** *NN* advised the members of the public who wished to comment to keep their comments brief, and announced that he would be holding comments to three minutes. He also suggested that multiple speakers from the same agency or speaking to the same issue consolidate their statements.

Stephanie Eng of the Tenderloin AIDS Resource Center distributed and summarized a handout. She emphasized the critical need experienced by Tenderloin residents and said that those people were not being prioritized. Diverse populations need assistance. She asked that the council review its methodology for service delivery in the Tenderloin. *Bill Matheson,* a volunteer attorney with AIDS Benefits Counselors, explained the differences between Client Advocacy and Case Management. Where Case Management deals with finding appropriate psychosocial and sociomedical service, Client Advocacy tries to get those services paid for. Need for Client Advocacy is increasing as new medical treatments are available. Client Advocacy lowers costs for other services by enrolling patients into private insurance programs who would otherwise be using CARE funding. It's a very cost-effective category.

Margaret Morvey, Kiki Whitlock, and *Yosenio Lewis* distributed and presented the results of the Transgender Focus Group commissioned by the Transgender Advisory Committee of the AIDS Office. The study coded the comments of the participants into 28 categories, and their comments were quantified and used to suggest what the greatest needs in the CARE categories would be. *YL* stressed that because of the barriers to care for transgendered persons, the numbers of transgendered people in need of care may be higher than recorded. He stated that the council must address these barriers in order to provide care for all individuals. *Warren Goldenberg,* chairperson of the Tenderloin AIDS Coalition, presented a handout outlining three recommendations that the TAC agreed upon. They would like increased funding for Tenderloin-based services, specific categories to be included in the Tenderloin RFP, and stronger cooperation between agencies. The TAC handout also included an abstract on the Bridges Project, which *WG* urged be promoted in the RFP.

Lee Jewell, client and volunteer at Project Open Hand, states that the need for food is basic. The reason that the needs assessment did not show food as a large unmet need is that POH and groups like it are doing an excellent job, and every CARE dollar that POH received is matched with three dollars from fundraising. POH provided services to five thousand San Franciscans last year, and only one thousand of those were served with CARE dollars. *Gloria Sandoval,* Director of the Shanti Project, spoke to the importance of the categories of Transportation and Buddy/Companion Services. She feels that Buddy/Companion and Transportation services become more critical in a period of shrinking resources. In addition, Buddy/Companion was listed as one of the greatest needs in the Needs Assessment survey. Shanti's support services reduce the need for institutional care. In her estimation, Shanti volunteers save the city nearly half a million dollars annually. 20% of their clients requesting services must be turned away.

Janet Seldon and *Roma Aval* of the HIV Immigration Project of the Bar Association of San Francisco, said that theirs was the only CARE-funded project helping immigrants in San Francisco. They have more clients now than ever before. They have

completed 90% of their contract already in the first six months of the contract year. *Ed Strugs,* retired librarian, supports greater funding for the Dental Services category. He nevertheless has strong reservations about the quality of dental services provided by the University of the Pacific. A friend of his was told by U. Pacific that they would remove all of his teeth and provide him with dentures, but the wait for services was over eight months, and the client died before a single tooth was pulled. The council can do better.

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Sarah Park-Servano works in the aftercare center at Larkin Street Youth Center, and spoke to the importance of Case Management as the "glue" that holds services together. Many of their clients are dually and triply diagnosed, and need to access a wide range of services. The service is comprehensive; it's not just referral. The case manager may be the only positive force in the life of a client. *George Harrison,* medical director of the Psychiatric Consultation and Crisis Center at AIDS Health Project, spoke to the need for Mental Health and Substance Abuse services. Patients need mental health services, and it is important that these services be coordinated by case managers. Many of the patients have never accessed medical care before. *GH* sees many clients who cannot access services elsewhere. They have already met their target of unduplicated clients in the first six months of the contract.

Michael Lauro of ACT/UP Golden Gate spoke to the importance of funding for medical care, housing, and food. There are three thousand people on the housing waiting list; clearly, needs are not being met. In addition, the way that dental care is provided needs to be re-evaluated. *G'Dali Braverman,* treatment advocate for the Living Well Project, gave an example of the kind of instruction that he gives. He then passed out a handout with evaluation data showing the results for 72 clients. Nearly two-thirds of the clients screened for at least one clinical trial, and nearly two-thirds began a Western therapy. Their agency integrates medical case management into its daily work, and the information spreads through word-of-mouth. *Paul Shimizaki,* who provides the psychosocial component of the early intervention project at Living Well. They have been able to get their clients into a variety of clinical trials, drug lotteries, and studies, and they conduct medical case conferences with clients. They've had a direct impact on the way the entire community accesses medical care and treatment.

Tamara Chang, member of the Community Planning Working Group of the State Office of AIDS, spoke about the need to protect Community Health Outreach Workers from violence. *Deb Self,* Program Manager of the San Francisco Food Bank, said that each dollar of CARE funding they receive pays for seventeen dollars worth of food. In addition, translation services are important not only for foreign language speakers but also for the deaf community. *Gene Gowdey* of Dental Services agreed that University of the Pacific often has a long wait for services, and supports rebidding that contract. Nevertheless, the need for dental services is great and more funding is needed. *Mark Brandenberg* of New Leaf Services (formerly Operation Concern/18th Street Services) said that his agency was particularly well-equipped to meet the needs of the dually and triply diagnosed because of their blend of substance abuse and mental health services. They are a lesbian/gay/bisexual/transgender-specific agency, which is very important to many of their clients, especially lesbians and bisexual women.

VIII. **Prioritization Process (CARE Act Title 1 1997-98 Allocations):** *LT* noted that the process of determining allocations is very difficult, and called on councilmembers to work together.

A. **Vote on AIDS Office Recommendation to Allocate Funds to Marin and San Mateo counties at the 1996-97 Level:** *LT* explained that in the past, the council has allocated funding proportionately based on the number of PWAs in each funding area. *GC* outlined the reasoning behind the AO recommendation: the outlying counties sustained a significant reduction in dollars in the '96-'97 fiscal year, which would bring them down to their proportional decrease for this year, and the counties don't have the infrastructure to take another funding cut. *Bart Casimir* asked how the money for the counties was distributed; *LT* explained that each county has its own planning council. *JN* moved to maintain the funding level for San Mateo and Marin counties; *PC* seconded. *Mary Jane Wood* asked the council to recognize that accepting the AO recommendations would not preclude the council for allocating more money to the counties in the contingency planning process. *MS* asked whether it was appropriate to keep the county funding steady given the balance of suffering in the EMA, and asked whether a symbolic cut might be appropriate. *JDG* replied that the cut that the counties might have been expected to take was 11.8%, rather than 15%, and that the 14% cut this fiscal year was enough of a cut. There's not enough room for symbolic cuts. *WC* asked that the motion be amended to state that the council would follow the AO recommendations, since the council wasn't well-informed enough to make the decision for funding for the counties. He stated that he could support the AO recommendation, but that he would like to see more information in the future. *LT* noted that there had been information on the counties provided earlier in the year, but that the council tried to keep the counties' decision-making process autonomous. *GC* said that the counties had annual reports, and *NN* said that new members could get those reports from the counties. *TC* asked why this vote was separated from the rest of the process, and asked how the decision to do so was made. *LT* responded that the council had always made the decision that way. *Rita Times* asked *TC* whether he was suggesting that the counties be considered another service category; he responded that he wasn't, but that the two decisions should be made in the context of one another. *LT* suggested that the council consider them in that way. *WP* attempted to restate *TC*'s concerns. *TC* said that *WP* had not stated his concerns, and that he felt that the current system artificially

removed one decision from the general process of decision-making. *JR* asked the councilmembers not to try to rephrase the concerns of others. *JN* accepted *WC*'s amendment. The motion passed by a roll-call vote [2].

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B. Correction to Process of November 4 Meeting: *Mike Allison* announced that there had been an error in the calculation of the cross-group averages of the service category rankings: Mental Health as a category was given an average of 8.8, when it should have been 5.8. This would have meant that it would be ranked at 5 rather than at 9. He suggested that the discussion be reopened, and that the priority ranking be amended to place Mental Health at 5, and shifting categories 6 through 8 to 7 through 9, respectively. *WC* said that the ranking that the council voted for should be respected, whether it was based on the correct calculations or not. *LT* asked if any councilmembers wished to reopen the discussion or move that the ranking be changed; no members wished to do so. *MC* expressed his disapproval that this issue was not placed on the agenda officially. *LT* said that the discovery of the error had been made at the last minute; *MC* replied that it was at least known at the beginning of the meeting, and could have been added to the agenda at that point. He would have liked it to have been announced when the council was discussing whether to add his proposal to the agenda.

C. Recommendations on Roll-Over Funding: *MC* distributed a draft of a proposal that would roll over five rental subsidy and two emergency housing contracts to HOPWA from CARE funding. He stated that a group of HIV+ councilmembers (*TC, WC, MC, BC, WP,* and *MS)* had met together to draft the proposed amendment, and that the recommendation was not a cut, but merely a recommendation to change the source of funding for some contracts. He stated that approving the motion would reduce the shortfall by three million dollars. *JR* stated that HOPWA had much more rigid guidelines for eligibility than CARE, and that CARE dollars had been used to house people that couldn't be helped through HOPWA. She asked if the authors of the motion had considered this, or if they knew how many people would be affected. *MC* asked *JR* if she knew how many people would be affected. *JR* said she didn't know, but that it wasn't her motion, and asked if the authors had even known that there were less restrictions on CARE funding. *MC* said that he knew. *JR* asked *MC* how the people who would lose housing because of the motion would be housed. *MC* asked if anyone else wanted to answer that question. *NN* said that the recommendation seemed to be based on the belief that HOPWA and CARE funds are interchangeable, which they are not. HOPWA regulations such as the housing quality survey, rent caps, and income requirements could put people on the street if the motion were passed. *JDG* asked if everyone on the council had been invited to the meeting at which the proposal was written; if not, it was possibly in violation of the Brown Act. *MJW* stated that San Mateo county had decided to use CARE funds for housing specifically because HOPWA funds would not cover certain people. She also noted that the decision to roll over responsibilities from HOPWA to the CARE council had been made several times by the council in the past, and the motion on the floor would do away with that rollover. *TC* said that he would support the motion, although there were serious considerations. The challenge is to approach this issue in another way, perhaps by changing some regulations. The current level of cuts that need to be made is unacceptable. The council can find out what percentage of housing could be rolled over without endangering people. The council's decisions in the past are not relevant - the real issue is that clients want rental subsidies, and the Five-Year Plan doesn't provide enough of them. The council must acknowledge the needs that PWAs have expressed.

LT suggested that the council continue this discussion at the next council meeting. *TC* suggested that the issue could be discussed in the small-group discussions, and that the discussion was crucial to the allocation process. *MF* stated that she was frustrated and outraged by the way the proposal was drafted and brought before the council. *JR* said that time needed to be set aside to discuss the process issues involved. *LT* suggested that the process decision also be postponed to the next meeting. *PC* stated that the allocation process was the most important decision of the year, and that it could not be put off any longer. Councilmembers can keep the motion in mind during the small group meetings. *LT* asked for a show of hands of how many people wished to move on to the small groups; the council voted unanimously to move on. *LT* stated that both the motion itself and a process discussion about the motion would be placed on the agenda for the next meeting.

D. Small Group Discussions (Allocations to Prioritized Service Categories): *MA* announced that the groups would have the same composition that they did in the November 4 meeting. The council broke for small group discussion from 6:25 to 7:45, after which *MA* asked the spokespersons from the groups to report back to the council.

Group 1: *MJW* said that her group generally went with the 16.5% cuts, with a few exceptions. They cut Primary Medical care by only about $0.15 million, cut Mental Health by less than 16.5% and Substance Abuse by more than 16.5%. The thinking behind the Substance Abuse cut was not that Substance Abuse was unimportant, but rather that there was a renewed commitment by the city to provide treatment on demand. CARE funding can't provide all of services that HIV+ citizens need in all cases.

Group 2: *MS* said that his group actually increased the funding for Translation, and significantly lowered funding for System-wide Development, Substance Abuse, and Hospice. They felt that funding in the Day/Respite category should be spent on childcare. They has discussed that parts of Primary Medical Care are actually funded by Home Health Care. He said that his group had had more discussion about the actual numbers than about rationale.

Group 3: *WC* and *PC* presented the "philosophical template" for their group, which was that Primary Medical Care and Housing should be held harmless, which means no cuts in Primary Medical Care, and no cuts in Housing except for the funding for CHIPS. The group felt that neither CHIPS nor REGGIE should be funded with CARE money. The group's recommendations are accompanied by the caveat that the HOPWA rollover should be discussed, and as much funding should be spent on housing vouchers as possible. In addition, the council should look for new HOPWA initiative. The group's discussion on Substance Abuse was similar to that of Group 1.

Group 4: *TC* and *BG* stated that the intent of the group was to hold Primary Medical Care harmless, but that they ran out of time before they could figure out how to do it. They had a similar discussion on Substance Abuse to the other groups. They cut Housing to some extent, but they would like to instruct the Redevelopment Agency to replace that difference with HOPWA funds, and that the funds only go to house people. System-wide Development was also seen as outside of the CARE mandate. They would like the cuts in Buddy/Companion to come from other than practical support services. They found it hard to make cuts in Hospice and Home Health Care. *TC* added that he was extremely uncomfortable with the process of cutting funding.

Group 5: *Diane Jones* said that her group was frustrated by their inability to fully discuss the implications of the allocation process. They chose to cut Housing by $0.5 million more than 16.5%, and want the council to look closely at alternative sources of funding, especially the HOPWA rollover. They took $0.3 million of the extra money from Housing and added it to Primary Medical Care, and split the remainder between Food, Dental, Case Management, Mental Health, and Client Advocacy.

MA stated that the process had been frustrating for everyone. He asked if the council wished to discuss general issues; for example, that Primary Medical Care should not be cut more than 16.5%. *TC* stated that there seemed to be two views: that Primary Medical Care should remain untouched or that it should be cut by less than 16.5%. *PC* said that that choice should be brought up for discussion. *MA* asked if the council was comfortable with the cross-group average for Primary Medical Care ($6.77 million). *DJones* asked if the council should be considering which categories don't meet their full units of services, and how much money goes unspent in each category. *GC* said that Primary Medical Care had high units of service. *BG* said that she was willing to abide by the cross-group averages, based on her feeling that the small groups were making wise decisions. *DJones* said that she was happy with her group, but that the discussion from that group was clearly inadequate, and that the process lacks integrity. *PC* acknowledged the difficulties of the process. She said that *BG's* suggestion was good, but that more was needed. She moved that the council consider the cross-group averages over the next week, and discuss and vote over a 60 to 90 minute period at the November 25 meeting; *RT* seconded. *TC* noted that the council could look at which groups had low units of service, even though it varied on a contract by contract basis. *PC* restated her motion and asked if it would be acceptable. *RT* made a friendly amendment that the averages be distributed as soon as possible. *WC* asked if councilmembers could discuss the prioritization outside of the meeting. *Thomas Zickgraf* opined that groups meeting unofficially could not bring proposals before the council. *PC* said that no councilmembers were capable of making a definitive ruling on the scope of the Brown Act. *JN* called the question, and *RT* seconded. *Danny Joe* restated the motion. The motion passed unanimously by a show of hands.

IX. **New Business:** *TC* requested that discussion of the meeting with the City Attorney's Office be calendared as soon as possible, as well as a discussion of the Tenderloin RFP.

X. **Adjournment:** *MF* moved to adjourn; *JR* seconded. The council adjourned at 8:20 PM.

P = Present; A = Absent; E = Excused Absence; L = Leave of Absence; Y = Yes; N = No; B = Abstain

	[1]	[2]		[1]	[2]		[1]	[2]		[1]	[2]
Marianna Balquiedra	P	Y	Mariam Farooq	P	Y	John Henry Kouba	A		Barry Savage	P	Y
Jeff Byers	A		Barbara Garcia	P	Y	Steve Lew	P	Y	Chris Sayer	A	
Virginia Cafaro	P		Carol Gong	E		Melissa Marsh	A		Mark Serpas	P	Y
Tom Calvanese	P	Y	Jon Dean Green	P	B	Janet Nassar	P	Y	Thomas Sinclair	A	
William Carter	P	Y	John Gressman	A		Norm Nickens	P		Laura Thomas	P	Y
Bart Casimir	P	Y	Dee Hampton	A		Wayne Peace	P	Y	Rita Times	P	Y
Michael Chesek	P	Y	Danny Joe	P	Y	Carmen Portillo	P	Y	Mario Valdez	P	Y
Pat Christen	P	Y	Diane Jones	P	Y	Alissa Riker	P	Y	Mary Jane Wood	P	B
Thomas L. Eades	P	Y	Susan Karp	P	Y	Joy Rucker	P	Y	Tom Zickgraf	P	B

The Council meets on the second and fourth Mondays of each month, at the time and place noted above. All are welcome and have the opportunity to comment on Agenda items. The site is fully accessible, and assistive hearing devices and signing are provided upon adequate future notice. Minutes of meetings and all information distributed to Council members are available for inspection and copying. For further information, contact the Council's staff, 554-9136. *Minutes of meetings are tentative until formally approved by the council.*

HIV HEALTH SERVICES PLANNING COUNCIL

November 25, 1996

The Agenda of this meeting is missing.

San Francisco Public Library
Government Information Center

Mayor's HIV Health Services Planning Council November 25, 1996

Minutes of Meeting

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I. **Call to Order: 4:40 PM**

II. **Roll Call [1]**

III. **General Announcements:** *Jeff Byers* announced that the Statewide HIV Comprehensive Care Working Group will meet December 3 and 4 in San Francisco. There will be a period of time for public comment for those interested.

IV. **Evaluator's Report :** *Kevin Roe* distributed and presented the results of the evaluation of the November 18 meeting.

V. **Review and Approval of Agenda :** *Mary Jane Wood* moved to add a discussion of Mental Health to the agenda between items VIII.B and VIII.C.; *Mark Serpas* seconded, and the motion passed. *MJW* then moved to approve the agenda, *John Henry Kouba* seconded, and the motion passed with *Dee Hampton* abstaining.

VI. **Review and Approval of Minutes :** *MJW* moved to approve the minutes of the meeting of November 4; *JHK* seconded, and the motion was passed with *DH* abstaining.

VII. **Public Comment:** *Danny Joe* explained that speakers would present in the order listed on the sign-up sheets. He asked that speakers keep their comments brief, and that representatives from the same agency combine their comments.

Heather Haigh, Shanti volunteer, stressed the need to keep funding Buddy/Companion Services, and explained that she provides services to her clients that no other agencies provide. She also asked for more funding for publicizing of services. *Tom Calvanese* asked her whether she considered her work practical support; she replied that the practical and the emotional aspects are closely linked.

Bruce Occeña presented a handout questioning the amount of the funding cut for Substance Abuse Services. He asked the council to reopen the discussion of the funding amounts.

Edward Patterson, representing Acceptance Placement and the L/G/B/TG Substance Abuse Task Force, said that a 28% cut in Substance Abuse services would eliminate many slots and positions in various agencies, and would prevent those agencies from accomplishing their mission. He added that the cut was incompatible with the commitment to fight substance abuse by other city officials and agencies.

Terry Garner of the Haight Ashbury Free Clinics defended two residential programs that serve HIV+ substance-abusers. Women often come very late to treatment, and these programs address quality-of-life issues. She asked to council to examine the links between substance abuse and HIV in San Francisco.

Bobby Hipps, who works at a supportive living program at Baker Places, was surprised to hear about the cuts in Substance Abuse Treatment, since people in recovery are such a large part of the HIV community.

Larry Brinkin, coordinator of the L/G/B/TG and HIV Unit of the Human Rights Commission, provided an update on what his organization is doing with CARE funds. They continue to help HIV+ people fight discrimination, especially in employment, by helping to keep people in their jobs. The recent advances in treatment means that there are more people wishing to return to work. He asked if there was any way that the council could keep funding the HRC. *TC* asked what category the HRC received funding through; *Gene Copello* replied that it was System-wide Development.

David Newton, representing Baker Places, urged the council to reconsider the reduction in funding for Substance Abuse, given the changes in the demographics of the epidemic.

Byron Hudson, Health Services Coordinator for the Salvation Army Harbor Light Center, spoke to how the proposed cut in Substance Abuse services would negatively impact that program. They are committed to providing services for all HIV+ substance abusers but may not be able to continue that commitment with less funding.

Phillip Bauer, a Program Coordinator at Baker Places, noted that addicts are unable to access most services if they are actively using. The proposed cuts would force many programs to close. He said that for every dollar spent on substance abuse treatment, seven dollars are saved.

Charlie Morimoto, a Department of Public Health employee working on Community Substance Abuse Services, clarified that the Board of Supervisor's proposal to provide treatment on demand does not have a specified dollar value attached to it.

Paul Causey of AIDS Benefit Counselors asked that Client Advocacy be held harmless, since the average cost to the system for caring for an HIV+ individual in 1993 was $119,000. Each person who does not get served by Client Advocacy could cost the system that much additional money. *MJW* asked where, given that the proposed cut in Client Advocacy was less than the 16.5% average, he proposed to cut. He replied that Primary Care funds could be made up elsewhere, and that the emphasis should be on getting insurance coverage for all patients.

Patricia Chiapellone of Lutheran Social Services commended the council for their consideration of housing issues in the past. She told the council that her housing program would not qualify for funding if housing funds were rolled over from CARE to HOPWA.

Rob Fredrickson from the Larkin Street Youth Center, spoke to the importance of Case Management to the youth population served by that organization. Case Management allows clients to access all of the other services available to them.

Tim Wolfred of Maitri AIDS Hospice noted that his organization is renovating their facility in order to double capacity. They will be finished by June if all goes as scheduled. CARE funds currently constitute 20% of their operating budget. *William Carter* asked if the hospice had a waiting list; *TW* replied that they do not, but that they were experiencing a dip in usage and expected to see more clients in the future. Their expansion will allow them to provide kinds of services that they have not previously provided, which should allow them to attract more clients.

Holly Gold, program director at Ferguson Place, a 90-day residential treatment facility for the triply diagnosed, noted that her program has an 80% success rate because they are able to provide a wide range of services onsite. She stressed that substance abuse treatment is extremely expensive.

Norm Nickens distributed a package of three handouts from organizations that opted to provide written testimony: Catholic Charities, the SF Redevelopment Agency, and the SF Community Clinic Consortium. *William Carter* asked the speakers how the substance abuse services that they provide HIV+ individuals differ from treatment for other individuals. Speakers responded that the programs provided a continuum of care, and that HIV+ individuals had guaranteed access to services.

VIII. **Prioritization Process:**

A. CARE Act Title I 1997-98 Allocations: *Mike Allison* displayed the tentative funding levels that had been calculated at the end of the November 18 meeting. He noted that the thinking had been relatively consistent across the small groups. He suggested that the council vote on the suggested funding levels, and that if the motion failed the small groups would meet once again. *Barbara Garcia* moved to adopt the calculated cuts, and *DH* seconded. *Rita Times* said that the proposal was unacceptable, and that the cut in funding for Adoption/Foster Assistance was far too large. *NN* suggested that the council take a show of hands to determine whether the group meet in small groups or accept the proposal. *Diane Jones* suggested that the group discuss the prioritization as a whole. *NN* said that the whole group could discuss the issue for 30 minutes, and then decide whether to return to small groups. *BG* withdrew her motion. *MA* told the group that they would have open discussion for 30 minutes and then move ahead.

RT noted that the largest cut was in the category of System-wide Development, which could have great potential once its programs are fully operational. Day and Respite Care needs to retain full funding for all of its programs to be implemented, and the cut in Substance Abuse could hurt children of addicted parents. *MJW* asked for the percentage decreases to be added to the display, because it more clearly shows what categories are being severely cut. *TC* asked for clarification on what form the contingency planning would take. He said that this was the most important and painful decision the group had to make, and that he was

sure that no one would be satisfied with the result. *GC* responded that the proposal to HRSA would request funding up to the level that no cuts would have to be made. The estimate of $28.31 million would represent flat funding. HRSA hasn't decided how it will allocate the additional $52 million, so it cannot be predicted how much additional money will be received. *TC* asked for confirmation that the amount of flat funding was actually $33.9, with $28.31 remaining for services after funds are allocated to the counties, administration, and the HOPWA rollover. He said the process is inverted, in that decisions will be made on HOPWA rollover after the prioritization process. *GC* said that the council had to prioritize based on the flat funding. The supplemental application will in part be judged on the contingency plan. *DJones* said that the job of making a 16.5% cut remained, and that it was a great responsibility. The cross-group average is unacceptable to her because the premise that Primary Medical Care and, to a lesser extent, Housing should be protected to the detriment of other categories is misguided because of the interrelation of all services. Substance Abuse is the primary barrier to access, and those who need that service are not reflected in the needs assessments. The commitment of others to universal access to health care doesn't prevent the council from allocating funds to Primary Care; why should a commitment to treatment on demand mean less Substance Abuse funding? She suggested that the council cut all categories by 16.5% and then adjust that in the contingency plan. *Laura Thomas* said that the council had a responsibility to make these decisions, and that they have to plan for a worst-case scenario. The council has considered many variables, including the public comment and the availability of other funding. Historically, the council has used CARE funds to pick up funding for areas where the state and city had not been providing adequate services. *TC* said that he supported *DJones's* suggestion to cut all categories 16.5% and make adjustments based on the rankings in the contingency process. The process of balancing cuts against other cuts will end up approaching that decision anyway, as councilmembers balance their pet categories against one another. The Council does need to look at the top four categories, none of which go to services that are specific to people with AIDS. Perhaps there is a way to not cut any services. In the minutes of the meetings from the first year of the council, it was decided that 35% (later 25%) of funds be set aside for the DPH. There were also discussions on finding alternative funding sources for Mental Health. There was also a set-aside for agencies serving communities of color, which the council may not now be in compliance with, and other methods of dealing with reimbursements that should be investigated. *Janet Nassar* responded that the clients that are being served with CARE funds are supposed to be uninsured, and thus not reimbursable. *TC* asked what percent of CARE funded clients are really uninsured, and *RT* responded that it was only 29% in the client survey. *TC* said that Kaiser referred *TC*'s lover to a CARE-funded hospice program for home health; essentially, CARE dollars are subsidizing a private insurer. *BG* suggested that perhaps all categories get the same percentage cut, with the exception of System-wide development, which should take a larger cut. *WC* said that as much money as possible should go into direct services. He feels that System-wide Development should be cut severely, and asked people to look at dollar cuts rather than percentage cuts. In addition, Case Management is spread out among several categories as well as having its own category. It's important to ensure that CARE funds be used to provide direct services only. *Tom Zickgraf* said that he was strongly against reverting to an across the board 16.5% cut, which would reject the decision-making that had occurred previously. *Thomas Sinclair* said that the council should endorse the flat cut, and that there should be more regulations forcing agencies to look for additional funding sources.

MJW moved that there be a 16.5% cut across categories, and that further decisions be made in the contingency planning process; *JN* seconded. *Pat Christen* felt strongly that the cross-category 16.5% cut was a "cop-out," and that the council has an obligation to adjust funding in the categories, if only in light of recent changes in treatment. Real cuts have to be made. *LT* concurred, saying that the cross-group averages were a culmination of the council's opinions. *Steve Lew* reminded the council that they had agreed to address the entire system of services. Although there are problems with the averages as they stand (it's important to address access to medical care as well as care itself) the council has a responsibility to prioritize. *WC* said that the cross-group average was easier for him to support, since it comes out of a real process. *DJones* said that the cross-group average comes from incorrect assumptions, such as the one that some groups should be held harmless. There are many PWAs who will not benefit from the advances in treatment if access-providing services are cut too deeply. In addition, the process by which the cross-group average was arrived at was not adequate. *MS* said that if the council needed a starting point from

which to begin a new discussion, he would prefer it to be the cross-group averages, because there was learning and progress in the small groups. The across-the board cut would reflect the needs of the past; the cross-group average better reflects the needs of the future. *BG* moved to call the question, and *MJW* restated the question. The motion failed [2]..

JHK moved to accept the cross-group averages as they stood, *MJW* seconded. *RT* suggested that the group take a break; *JHK* called the question, and the motion to call the question failed. *PC* stressed the importance of the break.

[The group took a break for ten minutes and reconvened at 6:40 PM.]

NN announced that for the remainder of the meeting, comments would be limited to one minute, and nobody would be allowed to speak for a second time to a given motion until after all others who wished to speak had done so. *RT* said that advocacy for specific populations was not "pet" categories, and that there was a real need for more Adoption / Foster Assistance and child-care funding. *PC* supported the motion; she has specific problems with the some categories but this is the best way to assess the will of the group. These categories all serve the community in unique ways. *BC*, speaking as someone who will likely be using these services in the future, supported the cross-group average with some strong reservations. *MS* offered a friendly amendment adding $.05 million to both Day & Respite Care and Adoption / Foster Assistance, subtracting $.04 million from Primary Medical Care, $.03 million from Housing, and $.03 million from Substance Abuse. *JHK* asked that *MS* make that a substitute motion instead, which he did. *RT* seconded. *MS* said that his proposal was designed to protect women and children, and that it would still cut the aided categories, although not by much. *PC* called the question. The substitute motion failed [3].

BG spoke in favor of the motion to accept the cross-group average, and said that there was likely to be at least some more money available. *Virginia Cafaro* supported the motion, but said that there was no category that didn't deserve more money. The state of the epidemic is very different than it has ever been. But even if HIV was eradicated tomorrow, there would still be tremendous health needs in this city. *PC* moved to call the question. The motion passed [4].

B. Contingency Planning: *NN* told the council that they had the option to continue in large or small groups. *PC* and *SL* asked what the process would be. *MA* said that the small group process would involve each small group bringing a solution to the council, and the large group would choose one of those solutions. The large group alternative would be a 15-minute open discussion followed by opening the floor to motions. *LT* described the contingency planning process as deciding what would happen to any additional funding. *PC* asked if the process also considered planning for getting *less* funding, *GC* said that the AO was confident that that would not happen. *BG* asked if the small groups could consider ranking some categories as earmarked for extra funds if available. *SL* said that there had been so much positive feedback on small groups that they should certainly be used, and that the group should deal only with positive contingency. *GC* suggested that the council consider percentage contingency amounts, rather than dollar amounts; *PC* disagreed, and said that looking at the real dollar amounts was important. Some of her contingency planning would be based on the DPH budget or the HOPWA budget. She asked *GC* exactly what the contingency planning in the proposal must consist of. He responded that the proposal must contain dollar amounts for service categories. *WC* said that he would prefer to meet as one group so that each member could hear each other member. *TC* mentioned that there were some categories that the council might wish to cut, even if funding were available to fund all categories at this year's levels. *LT* suggested that the council brainstorm to devise different options for spending the possible additional funds. Some options include filling in categories to their pre-cut levels, either in priority order or some other order and adding money proportionally to all or some service categories. *NN* suggested twenty minutes of brainstorming.

MS asked whether it might not be wise to devise different contingency plans for different additional funds available. *DH* said that categories should receive funds proportionately. *TC* said that no additional funding should go to System-wide Development; indeed, it shouldn't be funded at all. *WC* asked to hear more discussion on the large categories and what other funding sources are available. What is the council's responsibility in the areas of Primary Medical Care, Housing, Substance Abuse and Mental Health? *LT* said that the CARE Act mandates that funds be spent on the uninsured and the underinsured, and that the

funds should not be supplanting local or state funds. Over the past few years, the public health infrastructure's support in certain areas has receded, and CARE funds have filled the gap for people with HIV. In some places, therefore, CARE funds have allowed other agencies to spend less. *TC* said that the council needs to consider the mandate to not fund services that could be reasonably expected to be provided by other funding sources. The CARE Act also mandates that reimbursables must be pursued and that's not being done assiduously enough. The council must correct for areas where the city or the state is not doing their part. What's crucial are categories like Case Management, where there's no comparable service for HIV- people. The change in treatment options has put many people in a severe financial bind. Rent subsidies and other financial services are the most important; the council needs to re-evaluate its priorities. Is the decision to set aside a portion of the funds for the DPH in violation of the CARE Act? *PC* noted that the CARE Act anticipates the problem of supplanting, and considers the importance of flexibility of funding from all services. The council is not out of compliance with the Act, although they must make sure that they pursue reimbursables. She presented a contingency option: take a large percentage of each dollar received and distribute it among primary services; spread a smaller percentage among access services, and the remainder among other services. *TS* agreed with that approach, and suggested that the priority ranking be used in conjunction with a three-tiered approach. *BG* suggested that contingency funds be earmarked for ADAP, and that a new priority list be created for contingency. *DJones* noted that both city and federal services have been cut for political reasons over the past few years, rather than because of rising CARE funds. She also said that she was confused about the uses of the prioritization, and asked senior councilmembers to explain how it has been used in the past.

NN asked whether the councilmembers wished to go into small groups. *SL* said that there needed to be more direction given before the council could do so. *LT* suggested using the priority rankings as a starting point, and directing that categories be restored to their pre-cut levels in adjusted priority order as far as possible. *TS* said that he felt strongly that the rankings arrived at earlier should be used in the prioritization. *TC* suggested that funds be restored at a higher rate for categories that receive smaller amounts of money. *PC* said that she didn't feel that there was anything special about categories that receive smaller amounts of money; the client data shows that some categories have a greater need than others. Simply restoring funds to categories in a priority order is too simplistic.

WC said that he felt that there was a consensus to accept ranking and restoring categories to the '96-'97 levels, and moved that the categories be restored in the order of the '97-'98 priorities. *MJW* noted that Mental Health's ranking was lower than the actual cross-group ranking. *MS* offered a friendly amendment to the motion on the table which would allocate 60% of funds to categories ranked 1-4, 30% to those ranked 5-12, and 10% to those ranked 13-17. *WC* did not accept the motion, saying that that decision should be made later. *PC* said that she was confused by the motion, and asked *WC* to explain. *WC* said that he felt that there was a consensus to use the rankings, and that the ultimate goal was to restore funding to prior year levels. *SL* spoke against the motion, saying that restoring funds to smaller categories would make a bigger impact. *WC* responded that his motion didn't preclude funding smaller categories; *SL* responded that if a small amount of funds were received, they could all go to Primary Health Care under the motion. *TC* suggested that added funds be divided proportionately among the categories based on how much money they had been allocated. *WC* accepted *TC's* suggested as a friendly amendment. *Carol Gong* noted that the category of Translation was not cut, and therefore should not have money added to it. *DJoe* called the question, without objection. *TC* restated the motion; which restores funding proportionately to each category up to their funding levels for the '96-'97 funding year. The motion passed [5].

C. **Mental Health:** *MJW* told the council that they were expected to provide a rationale for the rankings in the proposal to HRSA. The council may choose to keep the ranking of Mental Health at #9, but given that that placement is due at least in part to mathematical error, some explicit justification is necessary. She strongly suggested that the item be raised in order. *MS* moved that the category be moved to #6; *MJW* seconded. *MS* clarified that the choice of #6 places the item approximately where it would have been placed had the math been correct, but slightly lower given the tenor of the discussion at the meeting of November 4. *PC* spoke in favor of the motion, saying that the rankings needed to be defensible. The motion passed [6].

D. **Housing Funds:** *DH* moved that the remained of the agenda be moved to the meeting of December 9. The motion passed without discussion.

IX. **Adjournment:** The council adjourned at 8:07 PM.

P = Present; A = Absent; E = Excused Absence; L = Leave of Absence; Y = Yes; N = No; B = Abstain													
	[1]	[2]	[3]	[4]	[5]	[6]		[1]	[2]	[3]	[4]	[5]	[6]
Marianna Balquiedra	P	N	N	Y	Y	Y	John Henry Kouba	P	N	N	Y		
Jeff Byers	P	N	N	Y	Y	Y	Steve Lew	P	N	N	Y	Y	Y
Virginia Cafaro	P	N	N	Y	Y	Y	Melissa Marsh	P	N	N	Y	Y	
Tom Calvanese	P	N	N	N	Y	Y	Janet Nassar	P	Y	N	Y	Y	Y
William Carter	P	N	N	N	Y	Y	Norm Nickens	P					
Bart Casimir	P	N	Y	N	Y	Y	Wayne Peace	A					
Michael Chesek	A						Carmen Portillo	E					
Pat Christen	P	N	N	Y	Y	Y	Alissa Riker	P	N	N	Y	Y	Y
Thomas L. Eades	A						Joy Rucker	E					
Mariam Farooq	P	N	N	Y	Y		Barry Savage	P	Y	N	Y	Y	Y
Barbara Garcia	P	N	N	Y	Y	Y	Chris Sayer	A					
Carol Gong	P	N	N	Y	Y	Y	Mark Serpas	P	N	Y	Y	Y	Y
Jon Dean Green	A						Thomas Sinclair	P	Y	N	Y	Y	
John Gressman	A						Laura Thomas	P	N	N	Y	Y	Y
Dee Hampton	P	N	N	Y	N	Y	Rita Times	P	Y	Y	N		
Danny Joe	P	N	N	Y	Y	Y	Mario Valdez	P	N	N	Y	Y	Y
Diane Jones	P	Y	N	N	Y	Y	Mary Jane Wood	P	N	N	Y	Y	Y
Susan Karp	E						Tom Zickgraf	P	N	N	Y	Y	Y

The Council meets on the second and fourth Mondays of each month, at the time and place noted above. All are welcome and have the opportunity to comment on Agenda items. The site is fully accessible, and assistive hearing devices and signing are provided upon adequate future notice. Minutes of meetings and all information distributed to Council members are available for inspection and copying. For further information, contact the Council's staff, 554-9136. *Minutes of meetings are tentative until formally approved by the council.*

HIV HEALTH SERVICES PLANNING COUNCIL

December 9, 1996

The Agenda of this meeting is missing.

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Government Information Center

Mayor's HIV Health Services Planning Council

December 9, 1996

Minutes of Meeting

I. Call to Order: 4:37 PM

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II. Roll Call [1]

III. General Announcements: *Tom Calvanese* announced that the Board of Supervisors will hold a public meeting on December 12 at 5:30 PM at Everett Middle School to discuss AIDS service delivery. He urged councilmembers to attend. *Danny Joe* , speaking for the co-chairs, thanked the AO staff and the consultants for their help in the prioritization process.

IV. Review and Approval of Agenda: *TC* moved that the agenda be amended so that New Business from November 25 precedes the Co-Chair's report, and that the Review of the Meeting with the City Attorney and the Tenderloin RFP Update be independent agenda items. *Joy Rucker* seconded. The motion passed, with *Rita Times* abstaining.

V. Review and Approval of Minutes: Minutes for the meetings of November 18 and 25 were distributed. *RT* moved to table the approval of the agenda to the next meeting of the council; *Mary Jane Wood* seconded. The motion passed, with *Chris Sayer* abstaining.

VI. Evaluator's Report: *Kevin Roe* distributed the report, noting that there was a significant difference in the satisfaction levels of new and old members.

VII. Public Comment: *DJoe* announced that members of the public would be allowed to speak for three minutes. *Warren Goldenberg*, case manager at Lutheran Social Services and chairperson of the Tenderloin AIDS Coalition, redistributed a handout that was given out at the November 18 meeting. It contains the TAC's recommendations for the Tenderloin RFP, which include greater funding, and cooperative services. *Michael Petrelis* asked the AIDS Foundation to support the Reality brand receptive condom for HIV prevention. *Jan Masaoka* of the Support Center commended the council for its work during the prioritization process. She said that the community planning process was unique to the HIV care realm, and people in other fields say that it cannot be done. [*The council took a short break and reconvened after five minutes.*]

VIII. Housing Funds (HOPWA/CARE): Laura Thomas asked whether the discussion should begin with the proposal presented by *Michael Chesek* at the November 18 meeting. *TC* asked that, given that there was no clear direction on this agenda item, the council begin by discussing the original rollover from Supportive Services to CARE. He said that the council needed to discuss the vote taken at the May 13 meeting, for which ten members voted for, five against, and three abstained. *TC* asserted that the motion should not have been regarded as passed. *LT* distributed a memo from Brian Dobrow, AO staffer and parliamentarian for the HIV Prevention Planning Council, which stated that the motion had in fact passed by having two-thirds of the non-abstaining votes in favor. *NN* said that he had chaired the discussion at that meeting, and that interpretation had been explained at that time. *TC* countered that the by-laws state that two-thirds of the members "present or voting" must be in favor, which would count abstaining members. He said that that interpretation was more in keeping with the spirit of the by-laws. Further, the vote should be revisited regardless of whether it is ruled technically valid or not, since only ten councilmembers voted in favor. *JR* asked whether *TC* wanted a new vote, and why, since it would seem that any council member could then reopen a vote that he or she didn't like. *TC* replied that the procedural issues involved make this vote invalid. *PC* said she hoped that the focus would not be on procedure, since that question is moot. However, housing issues in general should be discussed, and the motion can be reconsidered. The situation that informed the vote in May has changed greatly since then. *NN* noted that the May 13 vote has been put into action over the last seven months. The council can reconsider the substantive issue, but structure is needed. The council needs to look at the future of HOPWA funding, of subsidies, and the Redevelopment Agency. The council will need a committee or a task force to examine this larger issue, and the impact of changes on several agencies and groups. *RT* suggested that the council get a registered parliamentarian at meetings; *NN* said that the AO hoped to have someone in that role in meetings starting in the new year. *TC* asked whether the council had time to consider the rollover before it occurs; *GC* replied that the rollover date was July 1, 1997. *LT* noted that the discussion would be germane for the next few fiscal years. *TC* said that the need for subsidies is rising, and that the council has a mandate to fund subsidies. *JR* said that the council needed more information on number of people requesting any housing compared to housing subsidies. When the vacancy rate is so low, it's important to look at all clients, many of whom aren't housed right now. *Diane Jones* said that the discussion should be scheduled for January, and that rather than being a reconsideration of the May vote, it should be a thorough examination of housing issues. *NN* said that the AO would like to know what kind of information the council needs. *PC* moved that a significant portion of time at the January 13 meeting be devoted to examining the relationship between HOPWA and CARE funds; *JR* seconded. *William Carter* said that he felt that a full council discussion would be too time-consuming, and that perhaps a group could meet prior to that meeting and present to the full group. *Bart Casimir* asked that there be a subcommittee. *WC* made his suggestion a friendly amendment to the proposal, but said that there might not be time for people to meet before January 13. *NN* said that he was concerned about using the mails during the holiday season, and noted that the CARE Act application is due in Washington on January 10, and the AO staff will be exhausted that week. *Jon Dean Green* said that the council should look at information on unduplicated clients and cost of services. *WC* officially made a friendly amendment that an ad-hoc group meet before January 13, and that they present at that time so that the council as a whole can have a discussion on January 27;

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PC accepted the amendment. *Steve Lew* called the question; and the group voted unanimously to call. The motion passed. *TC, BC, MC, PC, Mariam Farooq, Danny Joe, John Henry Kouba, SL, JR,* and *CS* indicated their willingness to serve on the task force. *NN* said that faxes would be sent out in order to select a date for the meeting.

IX. New Business from November 25: *WC* read a statement concerning the group of councilmembers who met to create the HOPWA/CARE rollover proposal that was brought before the council on November 18. He asked councilmembers who would be interested in forming a PWHIV caucus of the council to contact him.

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X. **Co-Chair's Report - Schedule of Meetings:** *NN* said that the council has traditionally canceled the second meeting of December. *BC* moved to cancel the meeting of December 23; *JHK* seconded. The motion passed unanimously. *NN* asked the council where they would like to meet in the future. *TC* suggested meeting at City Hall; *WC* said that he found the current location inconvenient and would prefer City Hall. *MJW* said that she found City Hall inconvenient and possibly unsafe, and that she would rather meet at 25 Van Ness, if not at the current location. *SL* said that he preferred the current location. *NN* said that he would contact the SFAF and City Hall to find out about availability of those locations, and that 25 Van Ness was still available. The council can make a decision in January. *Mark Serpas* said that he preferred the SFAF location to the 25 Van Ness, where there is too little space. *NN* called for a show of hands for room preference; there was a slight majority in favor of meeting at the SFAF. Unless otherwise noted, the meeting of January 13 will take place there, when more options will be presented to the council. *NN* said that the council had previously discussed the idea of holding a retreat in January 1997. He listed the Saturdays available in January and February. *DJones* suggested that the retreat be held later so that there would be enough time to prepare for it. *SL* suggested the retreat be as late in February as possible. *NN* suggested that the retreat be held February 22. *GC* said that one of the topics at the retreat would likely be the reorganization of the committee structure. He asked whether committees would meet in January and February. *TC* suggested that there be at least one round of committee meetings as currently constituted. *LT* announced that the committees would meet on their set schedule. *GC* suggested that the committees address what their mission has been in the past, and what it could be in the future. *DJoe* asked if the Report on the Work Group on Council Process, which designed the committee structure, could be re-circulated; *NN* said that it would be.

XI. **Branch Chief's Report - Contracts Status Report:** *GC* introduced *Pat Johnson,* Contracts Administrator, who distributed her report. She read out the most recent information on the CARE contracts, which did not appear on the handout. *DJones* asked how the process compared to last year; *PJ* responded that there was a 57% increase in the rate of completion of contracts. *Thomas Lee Eades* asked if the current rate would continue, *PJ* said that it would get faster in the future.

XII. **Review of Meeting with City Attorney's Office:** *NN* reminded the council of the meeting held November 6 with a representative of the City Attorney's Office, *Rob Maerz, NN* and *TC. TC* distributed a package of materials including the original recommendations passed by the council at the July 22 meeting and the minutes of the November 6 meeting. It also included an excerpt from Chapter 12D of the San Francisco Administrative code concerning minority/women/local business utilization, which specifically excludes contracts funded through programs such as CARE. *TC* noted that at the November 6 meeting, *RM* said that the City Charter was essentially silent as regards the appropriateness of the council's recommendations to the AO. *TC* urged the AO to incorporate the council's recommendations. He said that he would like to see documentation from the AO showing how they had changed their policies. Further, the main purpose of these recommendations is to prevent a situation in which terminated or otherwise interrupted contracts are not fully put out to bid. *NN* suggested that he and *TC* meet before the first meeting in January and prepare to report back to the council how the issue has been resolved. He said that the only problems are in areas that are not in keeping with the CARE Act or outside the jurisdiction of both the council and the AO. *TC* suggested looking at the details in the Admin./Logistics subcommittee. *SL* said that he appreciated the time that *TC* and *NN* had taken on this issue; *NN* thanked *RM* as well. *WC* said that procedural issues sometimes have great significance.

XIII. **Tenderloin RFP Update:** *Marcy Fraser* presented some details of the progress of the development of the Tenderloin RFP. The RFP is for $384,000, and provides a variety of services that were at one time provided by AIDS Indigent Directed Services. The contract was then transferred to Shanti, and then put out for a bid which was won by Shanti. The AO is considering input from the public hearing held at Glide Memorial and comments from the TAC and others that have been made at council meetings. They are also examining how services are currently being provided and utilized. Services will begin April 1, 1996.

TC distributed a handout with a summary of the five year plan written by *MFraser* and an excerpt from the CARE Act describing the role of the council. He proposed that the council recommend that the AIDS Office give preference to applicants for the Tenderloin RFP that will pursue a linkage with the BRIDGES project, a new SPNS-funded initiative. He also asked that the panel for the RFP include a significant number of people who live in the Tenderloin or are HIV+. *JR* said that she was unsure whether the council could direct funds to collaborators with BRIDGES, although the BRIDGES grantees should feel free to apply for the RFP. *WC* asked *MFraser* whether the recommendations were going to be reflected in the RFP; she responded that she couldn't go into detail about the RFP, since that would give an unfair advantage to possible applicants present at the meeting. She said that the AO has encouraged collaboration over the past few years, but the AO couldn't encourage collaboration with a specific agency. *TC* asked how collaboration could be specifically encouraged in the

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RFP; *MFraser* replied that, for example, the last RFP had such a mix of services that no one agency can provide everything. *TC* asked whether points could be awarded for collaboration; *MFraser* said that that had been the case in the past. *TC* asked whether that would be the case this year; *NN* that the discussion was approaching an area that would endanger the RFP by describing it in too much detail. He said that the scope of questions that could be answered by the AO staff was limited. *WC* said that community members who commented at the council meetings held the councilmembers responsible. He said that he didn't intend to endanger the RFP, but that he wanted to make sure that the RFP contained these recommendations and that the eventual contractor follows them. *GC* said that the AO would be happy to take recommendations from individual councilmembers or the council as a whole. He said that the review panel were certainly contain members of the HIV and Tenderloin communities; *TC* said that he wanted to ensure that there would be several of them. *SL* asked if there was a way that the council's intent be expressed to the council. *MFraser* said that the RFP process was often contentious because it is competitive. She said that members of the Tenderloin community expressed many different needs at the public hearing, and that she learned a lot. She said that the AO is examining the area closely and paying attention to community needs. *TC* said that the portion of the CARE Act that he distributed showed that the RFP process was within the jurisdiction of the council. He also read a portion of the HRSA-issued question-and-answer document on CARE Act issues, which in part reads "As long as the planning council does not name a particular provider, the council is in compliance with the law." He said that it was the responsibility of the councilmembers to canvas the community for input and provide that input to the AO. If the council does not do that, it is breaking the law. If that isn't the responsibility of the council, why are the councilmembers there? He recalled the wise words of former CARE Council co-chair Estella Garcia, who said that when you bring an idea to the council, it is no longer yours; it belongs to the council. You may not agree, but you have to abide by the wisdom of the council. He acknowledged the difficulties of *MFraser*'s position, and that she was the author of the summary of the five-year plan. *LT* asked if *TC* had a specific proposal; he said that he was amenable to the suggestion of collaboration in general. *BC* said that he tried to keep in mind how the decisions made in the council would affect everyone's lives. *DJones* said that the Tenderloin contained the population that was the most complex and underserved in the city, and that it was a concentration of the epidemic and an area sorely affected by cuts in all kinds of services. She said that outcome evaluation was difficult but needed to be addressed. *NN* asked the council to concentrate on outcomes. While the council cannot direct the RFP to give preference to collaboration with specific agencies, it can certainly give general guidance explaining the intent of the prioritization process. *JR* asked if the council could recommend that a certain number of points be given for collaborations. *NN* said that that could be done, and *JR* proposed that a preference within the scoring system be given to agencies that collaborate. *Mariam Farooq* seconded. *Sandra Hernandez* said that in her experience, only about one out of four contractors whose applications specified collaboration actually did collaborate in a meaningful way. Collaborations are good in principle, but there are a lot of "forced marriages" that fail. Giving preference to collaborations regardless of quality doesn't necessarily help you get a decent collaboration. She said that instructing the review panel to value a good collaboration might be the best way to proceed. *MJW* said that she was feeling frustrated by the seeming assumption that the Tenderloin is the only neighborhood in San Francisco with underserved populations. The focus on the Tenderloin RFP is misplaced; the council should be addressing the needs of the underserved throughout the EMA. *WC* said that the Tenderloin is now the core neighborhood in the epidemic, as the Castro had been in the past. It's important to focus pilot programs in one area. *WC* went on to thank *SH* for attending, and said that his perspective was that of a person with AIDS. He said that the response that he has heard from the Tenderloin HIV+ community is that they want services provided as they are noted in the recommendation, especially concerning collaboration of services. Further, if the council can't insure what is contained in the RFP, they can't be held responsible. *LT* noted that there was currently a motion on the table, and cautioned the council not to see this one RFP as being able to meet the needs of everyone in the Tenderloin. *MFraser* said that part of the reality of the council involves being unpopular, and hearing people's dissatisfaction and pain. She said that the RFP will incorporate as much input as possible, but that it is inevitable that some people with be unhappy with it. She said that at the meeting at Glide Memorial she had heard needs that she hadn't heard at council meetings, perhaps because the public comment at council meetings is dominated by providers. At Glide, she heard community members voicing the need for clean socks, Gatorade, and bus tokens; no one had mentioned those things at council meetings. *SL* made a friendly amendment that the recommendation give preference to applications that show linkage with existing services, given the small size of the RFP. *JR* accepted the amendment. *TC* supported *SL*'s amendment, and suggested that the priorities from the five-year plan be added to the motion as well. He said that no one thinks that the needs of the Tenderloin are the needs of all of the multiply diagnosed clients in the city. He suggested the council look at incorporating this kind of directive into the prioritization process. He then made a friendly amendment that the recommendations from the summary of the five-year plan be included in the motion. *MFraser* noted that the directive from the summary are not Tenderloin-specific. *TC* said that the council should support the BRIDGES program, since it is funded by Federal non-CARE funds. *JR* accepted the friendly amendment. *BC* spoke in support of the proposal, saying that collaboration should be specified in the language of the RFP, as was done in the CDC's RFP 704. *MJW* said that she felt that the emphasis on the BRIDGES program made her concerned about conflict of interest. *TC* said that he had stopped working at Lutheran Social Services in July 1996. *SL* suggested that a requirement for a client satisfaction evaluation be added to the motion, *GC* responded that that was included in all RFPs from the AO. *NN* restated the motion: the council recommends that the Tenderloin RFP give preference to applications that contain

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collaboration with existing services, support a roving team of providers, and address the needs of the multiply diagnosed. The motion passed [2].

XIV. **Department Update:** *SH* remarked that returning to the council on which she got her start in the Health Department reminds her why she has stayed in the field. San Francisco is known for the depth of its community planning process. It's not an easy job, and the RFP process is not perfect. Many times an ideal proposal will not work out ideally. That's n bureaucratic sabotage; all the parties at the table are on the same team. She went on to describe some of the things that the Department is doing in a time of shrinking Federal responsibility and funding. As the epidemic continues, the needs of clients have been diversifying. Every kind of planning that the department has done reveals that services need to be integrated; programs that carve people up into categories don't work. Her first response to this was to hire people to build bridges across categories in the bureaucracy, that hasn't been successful, and has led to the upcoming reorganization of the department. One of the two primary functions will by citywide health planning, which will ensure that services will be provided by outcomes. The other side will be all of the direct services that the city runs, which will also be integrated into a single system. The recommendations that the council has been discussing are concerns for all sectors of health care. The funding streams for various categories will be pooled and distributed. The bureaucratic burden will be lessened when funds are grouped. The department will be trying to develop a waiver that can be sent to Medicaid, HRSA, or the CDC that would be used to create seamless services. Where others usually see the environment with a deficit model, she thinks that there are many resources that are not being fully put to use. The mayor has created a blue-ribbon committee to assess the needs of the uninsured. There are two other main planning items on the agenda: long-term care planning and primary care planning. *SH* said that she was skeptical of managed care, but that there are clearly several diseases for which health services are not optimized. Generally, there's a reciprocal relationship between access, cost, and quality, but for several populations, there's plenty of spending but neither access not quality. Full integration is crucial. The AIDS epidemic is still with us: the percentage of pharmacy spending on anti-virals has risen from 7% in FY 92-93 to 25% in the current year. The council should be unafraid to identify how the epidemic has changed. *SL* asked about the implications of integration of funding streams given the perception by the council that the CARE funds spent on substance abuse services allowed a categorical separation of substance abuse services. *SH* said that the city's provision of funds for AIDS has been very good. She said that while the CARE Act was vitally important as a naming of the epidemic, it did create categorical separations. It's true that the effect of this funding pattern was to send the message that one had to be HIV+ in order to get drug treatment quickly. Mayor Brown had asked *SH* what her three top priorities were in an environment of welfare reform. The first was to keep legal immigrants on MediCal; the second was drug treatment on demand. The rationale behind treatment on demand is that people who want treatment have to go on waiting lists at the moment that they are ready to make a commitment to getting treatment. The council's response to this should not be to cut CARE funding for substance abuse, but rather have integrated services for everyone who wants them. The commitment to treatment on demand doesn't lessen the commitment to AIDS, or vice versa. The third priority is keeping children on SSI. *WC* asked about the relationship quality and quantity of funding. In San Quentin, the standard of treatment was AZT or D4T - not both. Some CARE funds may be being spent on programs that are not particularly sensitive to the needs of PWHIV. *SH* responded that quality comes in a lot of different forms. She noted that client satisfaction forms usually don't provide information about quality of care. The department doesn't have a great history of outcomes evaluation, but they are newly committed to it, especially in the prevention arena. The city is resource-rich, however, and it should be. *TC* thanked *SH* for her time and perspective, and said that he had many questions. He asked how, in a integrated care and funding environment, the council could assure PWHIV that sufficient AIDS-specific services will be available. The model *SH* described sounds more like a modified fee-for-service environment. *SH* responded that the problem with the term "managed care" is that it has become synonymous with reducing costs, when in fact what needs to happen is for care to be managed. The community input will be vital to that process. *TLE* asked *SH* to get a copy of the letter that *WC* had read to the council.

XV. **Adjournment:** The council adjourned at 7:40 PM.

P = Present; A = Absent; E = Excused Absence; L = Leave of Absence; Y = Yes; N = No; B = Abstain

	[1]	[2]		[1]	[2]		[1]	[2]		[1]	[2]
Marianna Balquiedra	P	Y	Mariam Farooq	P	Y	John Henry Kouba	P		Barry Savage	E	
Jeff Byers	P	N	Barbara Garcia	A		Steve Lew	P	Y	Chris Sayer	P	Y
Virginia Cafaro	P	Y	Carol Gong	A		Melissa Marsh	A		Mark Serpas	P	N
Tom Calvanese	P	Y	Jon Dean Green	P		Janet Nassar	P	Y	Thomas Sinclair	E	
William Carter	P	Y	John Gressman	A		Norm Nickens	P		Laura Thomas	P	Y
Bart Casimir	P	Y	Dee Hampton	A		Wayne Peace	A		Rita Times	P	
Michael Chesek	P	Y	Danny Joe	P	Y	Carmen Portillo	A		Mario Valdez	P	Y
Pat Christen	P		Diane Jones	P	Y	Alissa Riker	P	Y	Mary Jane Wood	P	Y
Thomas L. Eades	P		Susan Karp	P	Y	Joy Rucker	P	Y	Tom Zickgraf	E	

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Mayor's HIV Health Services Planning Council

January 13, 1997

San Francisco Dept. of Public Health AIDS Office

25 Van Ness Avenue, 3rd Floor Conference Room (Suite 330)

Agenda

I. Call to Order 4:30 PM

II. Roll Call

III. Review and Approval of Agenda

IV. Review and Approval of Minutes of 11/18/96, 11/25/96, 12/9/96

V. General Announcements

VI. Evaluator's Report

→ VII. Public Comment

VIII. Co-Chairs Report

IX. Branch Chief's Report

X. Administrative/Logistics Committee Report: policy recom. concerning monitoring;
us funds, RFPs (last March 1996); mtg scheduled for Mon, Feb 3, 5:30 pm AJO

XI. Public Policy Committee Report

XII. Evaluation Committee Report

XIII. Long-Range Planning Committee Report

XIV. Ad-Hoc Housing Committee Report

A. Possible Vote regarding HOPWA Rollovers

XV. New Business

XVI. Adjournment 7:30

Up-coming Meetings: January 27, 1997 - Council Meeting at 25 Van Ness, STE 330 5:00 pm.
February 10, 1997 - Council Meeting, location TBA
February 22, 1997 - Council RETREAT, location TBA
February 24, 1997 - Council Meeting, location TBA

The HIV Health Services Planning Council normally meets on the second and fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. The site is fully accessible, and assistive hearing devices and signing are provided upon adequate notice. Minutes of meetings and all information distributed to the Council Members, are available for inspection and copying. For further information, call the Council's staff, 554-9136. *Minutes of Meetings are tentative until formally approved by the Council.*

HIV HEALTH SERVICES PLANNING COUNCIL

January 13, 1997

The Minutes of this meeting are missing.

San Francisco Public Library
Government Information Center

Mayor's HIV Health Services Planning Council

January 27, 1997

San Francisco Dept. of Public Health AIDS Office

25 Van Ness Avenue, 3rd Floor Conference Room (Suite 330)

Agenda

I. **Call to Order** **5:00 PM**

II. Roll Call

III. Review and Approval of Agenda

IV. Review and Approval of Minutes of 1/13/97

V. General Announcements

VI. Evaluator's Report

VII. Public Comment

VIII. Co-Chairs Report

IX. Review of the Brown Act : mtgs distributed

X. Branch Chief's Report

A. ADAP Budget Update : augmentation in place in Feb/early March · continuing to fund thru Gen fund in meantime; will back-invoice State later / Drafting letter re: 12 million Supp Title I to ADAP

B. Contracts Status Report : no chg

C. Retreat Planning : Supplemental Appt to be completed by Sept. (due early Oct); start planning May!

XI. Subcommittee Reports

A. Administrative/Logistics Committee Report · day to day ops of PC space, food, Structure of PC, relationship to AO; issue of RFP & contracting processes

B. Public Policy Committee Report - not a lot of interest, low attendance (ADAP initiatives)

C. Evaluation Committee Report - acted on contractor grievances; now - cost effectiveness measures, cost caps

D. Membership Committee Report - attendance & new members; need formal process for nomination & bringing new members on or retaining & training

E. Long-Range Planning Committee Report - ToDo: 1) impact of new therapies on planning & service to needs assmt & long range plan, reductions scenario 2) Renewal 5 yr plan

XII. Ad-Hoc Housing Committee Report - meets next wk

XIII. New Business AWA subcommittee

XIV. Adjournment 7:30

Up-coming Meetings: February 10, 1997 - Council Meeting, location TBA
February 22, 1997 - Council RETREAT, location TBA
February 24, 1997 - Council Meeting, location TBA

The HIV Health Services Planning Council normally meets on the second and fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. The site is fully accessible, and assistive hearing devices and signing are provided upon adequate notice. Minutes of meetings and all information distributed to the Council Members, are available for inspection and copying. For further information, call the Council's staff, 554-9136. *Minutes of Meetings are tentative until formally approved by the Council.*

Mayor's HIV Health Services Planning Council

January 27, 1997

Minutes of Meeting

DRAFT II

I. **Call to Order:** 5:08 PM

II. **Roll Call [1]**

III. **Review and Approval of Agenda:** *Mary Jane Wood* moved to approve the agenda, with *Mark Serpas* seconding. The motion passed unanimously.

IV. **Review and Approval of Minutes of January 13:** *William Carter* asked for clarification of the status of the discussion of the by-laws change regarding additional members newly mandated by HRSA; *Norm Nickens* responded that the change will be likely be discussed in the Membership Subcommittee and must be brought to the full council for a vote before May 1. *WC* asked that the exact wording of the motions passed at the meeting of January 13 be added to the minutes. *NN* amended the motion to approve the minutes to allow for an amendment to the minutes clarifying the wording of the votes. *MS* moved to approve the minutes; *Steve Lew* seconded. The motion passed, with *Steve Lew, Diane Jones,* and *Joy Rucker* abstaining.

V. **General Announcements:** *Bart Casimir* announced that Tuesday, February 11 from 6:30 to 8 PM there would be a panel of people living with HIV discussing how they have integrated traditional Chinese medicine into their lives at the American College of Traditional Chinese Medicine, at 450 Connecticut Street.

VI. **Evaluator's Report:** *Kevin Roe* noted that some questions on the Meeting Evaluation sheet would not apply at this meeting.

VII. **Public Comment:** A handout was distributed announcing the formation of the AIDS Services Accountability Project, a group dedicated to improving services for people with HIV/AIDS. ASAP will meet Wednesday, February 12 from 7:00 - 8:30 PM; call Don Narbone, (510) 537-7452, for details.

VIII. **Co-Chairs' Report:**

NN began circulating the correspondence file, asking councilmembers not to write on the letters therein. He announced that councilmember *Wayne Peace* had requested a leave of absence until March 1, which request will be handled by the Membership Committee. The appointment of *John Conley* will be sent to the Membership committee, while Health Initiatives For Youth has asked for more time to choose a replacement for *Mario Valdez*; upon approval by the Membership committee, both appointments will be sent to the Mayor's Office together.

Laura Thomas announced that her letter to Catholic Charities regarding Leland House was included in the correspondence file. *Jeff Byers* noted that not all councilmembers get to look at the correspondence file because of time restraints, and it appears to disrupt the meeting. *NN* stated that while it would not be possible to copy the entire file, perhaps a summary of what the file contains could be created and circulated. The file is available after meetings, and is held for at least a month after meetings. *LT* added that the file is always available to councilmembers at the AIDS Office.

Danny Joe reported on a meeting between Support Center staff and the co-chairs. There have been offensive overtones in questions directed towards councilmembers and AO staff. This makes the AO staff feel that the council is hostile towards them; when in fact the two groups should work as a team. Greater respect will help meetings run smoother and improve communications. In the future, the co-chairs will identify hostility when they hear it, and ask that all councilmembers do the same. This will unify the council and repair damaged bridges. He noted some ground rules for councilmember behavior. Councilmembers must arrive on time and not leave early. Attendance will be carefully noted by the Membership Committee. Courtesy is required; the chatter around the table can become distracting. The co-chairs will keep a speakers list which should be adhered to. Councilmembers will be discouraged from speaking multiple times on the same issues in order to encourage participation from all councilmembers. Requests by councilmembers directed to the AO staff must be handled through the co-chairs; AO staff will give no precedence to direct requests from councilmembers over those of individual citizens. If councilmembers have concerns, they should call the co-chairs. Plans for the future will be discussed at the retreat. Some PWAs on the council are not being heard from. All councilmembers should attend the retreat.

X. **Review of the Brown Act:** *NN* distributed a summary of the Brown Act and Sunshine Ordinance prepared by the City Attorney's Office. A training video and extensive materials are available. He briefly explained the requirements as follows. The Brown Act is a state statute governing public meetings and the right of the public to get public documents. The Sunshine Ordinance is a local ordinance modeled on the Brown Act and slightly more rigid. Any public body that falls under the Brown Act must hold all their meetings in public. All meetings must be noticed and must have an agenda that spells out any actions to be taken. Closed meetings can only be held under very specific circumstances. The public has a right to information used as part of the decision-making process. All of the council's meetings and committee meetings are subject to the Brown Act. Any group of councilmembers where a quorum is present and business is discussed is considered a meeting under the Act; if business is not discussed, it is considered a ceremonial activity. Practically, this is unlikely to occur with this council. A seriatim or passive meeting can occur if one councilmember conducts business in a dialogue with each member of the council individually.

Again, this is unlikely to be an issue for this council. The retreat will also be considered a public meeting. Meetings must allow for public comment, although that comment may be limited. A quorum is defined by the council's by-laws as a majority plus one. Without a quorum, the only actions that can be taken are a scheduling of new meetings and adjournment. Announcements of all meetings must be posted at the Public Library 72 hours in advance of the meeting. *MJW* asked whether the council can continue to conduct business if the attendance of a meeting drops below a quorum, as had been the council's practice; *NN* replied that that would not be permitted under the Brown Act.

An item can be placed on the agenda of a meeting as an emergency provision if it has come to the attention of the council after the agenda has been distributed. This requires a vote to declare the item an emergency provision, and a vote to amend the agenda. Items that come up during the course of the meeting cannot be acted upon at that meeting on unless they are voted emergency provision status. Closed sessions can only be held to discuss personnel, negotiation with one's attorney, or pending litigation. This is unlikely to apply to the council, except possibly if a grievance goes to binding litigation. *MS* asked for more specificity about committees; *NN* responded that they are governed under the same rules. The council's committees operate without quorum. The full text of the training materials will be distributed to councilmembers.

Branch Chief's Report:

A. ADAP Budget Update: *Gene Copello* announced that the anticipated shortfall in the San Francisco ADAP budget has arrived; the state allocation ran out earlier this month. The state has given assurance that the augmentation from the State legislature and Federal government will be in place in February or early March, at which time the contract will be amended and the funding increased. In the meantime, ADAP will be funded from other accounts and General Fund through the AO. The state will be back-invoiced when the contract is revised. There will be no interruption in service. The letter opposing the Governor's plan to take 12.9 million dollars from the EMAs for the 97-98 FY for ADAP is being drafted. The AO has been in touch with the offices of Carol Migden, Kevin Shelley, and Ted Lempert, and all of the EMA representatives are on board.

B. Contract Status Report: The contract status remains unchanged since the meeting of January 13.

C. Retreat Planning: *Mike Allison* said that while the council achieved its goals in the past prioritization process, there was much discussion of how the planning process could be improved, so as to take better account of the voices of all councilmembers and to be more consistent with the planning requirements and guidelines. This will be addressed at the retreat. *Maria Ramos*, who will be leading the retreat, noted that the deadline for the supplemental application had been moved up. The work of the council must also be pushed forward, with a tentative deadline for prioritization of September 1. The committee schedule will also be discussed. She asked that an ad-hoc committee be formed to discuss the retreat, which would meet twice before the retreat; *LT, WC, BC, SL,* and *Diane Jones* volunteered. *MR* asked the councilmembers to state their recommendations for the retreat and their opinions on the Support Center-provided binders on the evaluation forms.

GC confirmed that HRSA will require that the supplemental application and the formula be submitted simultaneously next year, probably in early October. The council's work must thus be completed by early to mid-September. This year the council spent about 4 1/2 months on planning, and should probably spend more time this year, so the process shouldn't begin later than April. *JR* asked about the location and the time of the retreat; *MR* responded that location has not yet been set, and that it will likely go all day long.

LT asked the council to decide whether to hold a council meeting on February 24, two days after the retreat. *MS* said that that meeting might be quite productive. *SL* agreed, saying that waiting too long after the retreat to meet again would weaken the power of the retreat. No councilmembers spoke in favor of canceling the meeting. *NN* suggested that the agenda of that meeting be kept light in order to provide some room for retreat follow-up.

Subcommittee Reports:

A. Administrative/Logistics Committee Report: *NN* said that the former facilitator of this committee was *Bob Nelson*, and that it was responsible for examining the day-to-to operation of the council, including meeting space, food, and the structure of the council. The agenda was open-ended. The committee was in no sense a steering committee or a policy-making body. *SL* noted that when it was begun as a task force it examined the roles and expectations of councilmembers and AO staff, and issues of process and interaction with other bodies could be addressed in this committee. *NN* noted that the committee has some unresolved issues, including the recommendations to the AO on the RFP and contracting process. This issue will be addressed when the committee meets on February 3, and will likely bring recommendations back to the council on February 10 or 24. The committee typically had about 5 members attending.

B. Public Policy Committee Report: *LT* noted that this committee was often attended by a few as two councilmembers, and that the council might consider disbanding it if it did not receive more support. It has addressed several issues, including ADAP, Title II Working Group, Perinatal Issues, and HIV testing. *SL* asked if the mission of the committee wasn't also to inform councilmembers of current events issues, and for councilmembers to share information. *LT* noted that some surveys had been distributed to councilmembers regarding that mission, and that the response had been tepid. *NN* said that when the committee

was developed, there was constant activity regarding CARE act reauthorization, and that that was then a major focus of the committee.

C. Evaluation Committee Report: *MJW* said that Evaluation was the oldest existing committee, and that its roles has changed considerably. Its initial purpose was to develop evaluation tools, such as the client satisfaction survey. Subsequently, it became more like a grievance committee, and addressed problems with specific contractors. That kind of function may not longer be appropriate for the council to be involved with. The current major function of the committee will be to create cost-effectiveness measures and to further develop cost caps for services and define units of service. The committee began to examine cost caps a year ago, looking at every CARE-funded contract to determine the ranges of cost per unit of service and cost per unduplicated client. The committee's result was in the form of cost cap ranges, because the expense associated with providing identical service to different populations can be very different. Some programs were unique, and the committee determined if costs at such programs were reasonable. They invited providers to present their perspective on appropriate costs. Their recommendations were approved next year. Since that time, all contracts are developed using these standard caps. The new CARE Act specifies cost-benefit analysis; the committee will have a head start in developing this but there is more work to be done.

D. Membership Committee Report: *Michael Chesek* reported that the main task of this committee was to fill any gaps in membership. They handle requests for leaves of absence and track attendance, and enforce the rules of attendance. They need to draft formal procedures for nomination of new members and bringing those nominations to the Mayor's Office. It has been well attended in the past. The committee needs to use the membership surveys from last year in order to determine what needs exist. *NN* noted that another responsibility of the committee was orientation of new members and ongoing training.

E. Long-Range Planning Committee Report: *SL* reported that the main task of this committee last year was to guide the needs assessment and client satisfaction survey. They also realized that the Five-Year plan needs to be re-examined in light of changing circumstances. *MJW* noted that the committee worked very hard, holding its own public hearings on the needs assessment. *SL* said that the committee also led the decisions on reductions of funding, and examined how decisions were made. *NN* said that difficult issues were often delegated to this committee, and its scope kept expanding. *GC* noted that this committee did excellent work of integrating the EMA in the Five-Year Plan, and that the committee has to address the impact of new drug therapies on the entire care system. *SL* said that the average attendance was about four people. *LT* said that she felt that re-evaluation of the Five-Year plan was the most important task facing the committee.

WC asked how committed the council was to the existing committee structure, and whether it wouldn't be better in the future to have more ad-hoc committees or task forces to deal with specific issues, which would then disband. *LT* said that there had been several such groups, and that they had in fact disbanded.

II. **Ad-Hoc Housing Committee Report:** The Housing committee will next meet on February 3.

III. **New Business:**

A. PLWHIV Caucus Meeting Report: *BC* reported that a meeting was held on January 22 to discuss the possible formation of a People Living With HIV Caucus. He said that since he came on the council, he has been trying to find out where he fit in. HRSA regulations suggest the formation of such a caucus, and that this group would empower him and allow him to be more focused. He drafted a possible mission statement for the caucus: "Our mission is the belief that the opinions, experience, and expertise of individuals directly affected and infected by HIV are essential to the development of any strategies that will effectively address the needs and issues raised by this epidemic." He sees himself as a consumer, or a potential consumer, of CARE-funded services. He believes that if you want to know what the consumer wants, ask the consumer. The caucus can develop needs assessments and quality assurance surveys, and convene focus groups. The caucus could fill the lack of active client participation in service planning and program development. The public comment that the council hears is re-active, rather than pro-active, and it makes him feel unsafe. A caucus could defuse or soften that affect, and deal with the anger of the PWA population. There are some challenges to developing this caucus, such as the fact that adequate funding will always be difficult, and that HIV status does not translate into leadership, communication, or teamwork skills. Another challenge is the transformation of consumer anger and frustration into focused productivity, and another is the establishment of trust between funders, providers, and consumers. All partners would benefit from such a caucus. The caucus can act as a liaison between people with HIV and local service providers, as well as the council and the AO, and also educate and bring together people with HIV. At the retreat, he would like this issue to be discussed further.

Rita Times asked how the caucus would be able to represent the diversity of people with HIV in the EMA, given that the HIV+ members of the council don't reflect all the HIV+ residents, particularly women and children. *BC* said that he would hope that those people would address those concerns themselves. *MJW* said that the major challenge of the caucus would be that of inclusiveness; women and children are often excluded, as are other groups. *BC* said that this was normal, and that he would bring his experience in reaching out to others to the caucus. *MJW* asked whether the caucus would include those who were not on the planning council; *BC* said that it would not. *MJW* noted that the council itself is not particularly inclusive. *Barbara Guest* said that when she sits on the council, although part of her is there as a person with HIV, she is primarily a service

provider, not a consumer. The council doesn't include the main kinds of consumers: the unemployed, underemployed, uninsured and underinsured. She feels that she had more commonality with other councilmembers in terms of their work than as a consumer. The PWA Coalition is not very representative. She prefers the Alameda County model, which holds a monthly meeting of consumers to hear their concerns. *WC* said that he was part of the meeting about the proposed caucus, and that the intent was to open the caucus up to as many people as possible, and that they ask for as much participation as possible. *JR* interrupted to ask whether the caucus was intended to include non-councilmembers or not. *WC* said that councilmembers could suggest that members of the public could bring their concerns to the caucus. If the committee can't bring in other people, it will fail. He added that the Alameda County model sounds good, but that it will take a lot of work. *BC* said that the caucus would only work if it brought other people in. *MC* said that the group that met suggests that the caucus be a standing subcommittee open to all council members, and that all councilmembers were welcome to attend and speak for any populations. There's a missing link between the PWA community and the council, and this caucus would educate both the community and the council. *SL* suggested that the discussion be held at the retreat, and that people focus on how the caucus could be a positive experience. *Mariam.Farooq* said that, as a consumer and a provider, that if the caucus was not open to all members it would divide the council. She encourages women who are consumers to attend council meetings. She said that she had been receptive to the idea at first but that it didn't feel right to her, and it should be discussed further at the retreat. *JR* said that she was still unclear who would be invited to attend to committee. *MC* reiterated that it would be open to all councilmembers. *JR* asked why, in that case, there needed to be another subcommittee; *BC* responded that there is a community out there that needs the connection. *MC* said that the committee would address specific gaps. *JR* said that she thought that that was what the council was supposed to do. *MC* said that the committee would facilitate that process. *JB* said that creating a standing subcommittee might not be a good idea, since creating a committee of those who are infected with HIV pulls those people out of other committees, where it might be very important to hear their voices. *LT* asked if the group of interested people would be meeting again before the retreat; *BC* said that they would meet February 5 at 6:00 PM. *NN* said that he would confirm a location and mail that location out to the council.

B. *BG* said that the idea of having a flip chart for proposed motions would be a great help, *LT* said that the co-chairs and the Support Center were looking into it.

C. *Danny Joe* said that a member of the public had asked him if the informational meeting was open to the public. *BC* said that it was.

XIV. **Adjournment:** *MJW* moved to adjourn. The council adjourned at 7:03 PM.

P = Present; A = Absent; E = Excused Absence; L = Leave of Absence; Y = Yes; N = No; B = Abstain							
	[1]		[1]		[1]		[1]
Marianna Balquiedra	P	Mariam Farooq	P	John Henry Kouba	P	Barry Savage	P
Jeff Byers	P	Barbara Garcia	P	Steve Lew	P	Chris Sayer	A
Virginia Cafaro	P	Carol Gong	P	Melissa Marsh	A	Mark Serpas	P
Tom Calvanese	A	Jon Dean Green	L	Janet Nassar	P	Thomas Sinclair	A
William Carter	P	John Gressman	A	Norm Nickens	P	Laura Thomas	P
Bart Casimir	P	Dee Hampton	A	Wayne Peace	L	Rita Times	P
Michael Chesek	P	Danny Joe	P	Carmen Portillo	E	Mary Jane Wood	P
Pat Christen	A	Diane Jones	P	Alissa Riker	P		
Thomas L. Eades	A	Susan Karp	P	Joy Rucker	P		

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Mayor's HIV Health Services Planning Council

February 10, 1997

San Francisco AIDS Foundation

10 United Nations Plaza, 6th Floor Conference Room

Agenda

I.	Call to Order	4:30 PM
II.	Roll Call	
III.	Review and Approval of Agenda	
IV.	Review and Approval of Minutes of 1/27/97	
V.	General Announcements	
VI.	Evaluator's Report	
VII.	Public Comment	
VIII.	Co-Chairs Report	
IX.	Informational Presentation on the AIDS Education and Training Center	
X.	Branch Chief's Report	
XI.	Subcommittee Reports	
	A. Administrative/Logistics Committee Report	
	B. Ad-Hoc Housing Committee Report	
	C. Ad-Hoc Retreat Planning Committee Report	
XII.	New Business	
XIII.	Adjournment	7:30

Up-coming Meetings: February 22, 1997 - Council RETREAT, location TBA
February 24, 1997 - Council Meeting, location TBA

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Mayor's HIV Health Services Planning Council
Subcommittee Meeting Schedule

San Francisco Department of Public Health AIDS Office
25 Van Ness Avenue, Suite 500

Monday, February 3, 1997

Ad-hoc Housing Subcommittee
AIDS Office Conference Room, 4:30 PM

Admin/Logistics Subcommittee
AIDS Office Training Room A, 5:30 PM

Wednesday, February 5, 1997

PWA Caucus
AIDS Office Conference Room, 6:00 PM

Mayor's HIV Health Services Planning Council

February 10, 1997

Minutes of Meeting

DRAFT

I. **Call to Order:** 4:42 PM

II. **Roll Call [1]**

III. **General Announcements:** There were no general announcements.

IV. **Evaluator's Report:** *Kevin Roe* distributed the evaluation reports, saying that he was glad to read a request that more "touchie-feelie" exercises be held during retreat, since the council needs to do some team-building.

V. **Public Comment:** *Paul Osowski*, who attended the PLWHIV Caucus meeting on February 5th, said that he felt that that group was particularly accessible for him. He is a consumer of many CARE services and feels that a meeting of people with the same blood status is uniquely productive. *Michael Petrelis* announced the formation of the AIDS Services Accountability Project, a new group dedicated to improving services for people with HIV/AIDS. They intend to set up a CHIPS complaint line. The group will meet February 12; call 510-531-2299 for details. He also asked the council to send a message to KREBS Convention Management Services, urging them to publicize their PWA scholarship program for the AIDS update.

VI. **Co-Chairs' Report:**

Danny Joe distributed a handout describing the ground rules of council meetings.

Laura Thomas announced that, although the council has not yet received a formal letter, *Thomas Lee Eades* has resigned from both the Health Commission and the council. *Jon Dean Green* is also resigning, and Marin County will appoint his replacement. These resignations will be handled by the membership committee.

LT announced that the SF AIDS Foundation, AIDS Project Los Angeles, and the AIDS Budget Coalition are forming a new coalition of Title I grantees statewide to respond to the governor's proposal to fund statewide ADAP by requesting funds from the EMAs. They will urge the governor to use more state general fund dollars instead. There will be a preliminary meeting on February 18; *LT* and *Will Carter* will attend and report back.

WC said that he was unsure about what the new ground rules meant, specifically the phrases "conversational tone", "respectful communication", "all requests thru co-chairs", and "if these rules are not followed, you will be asked to leave." He questioned whether the council was bound to abide by these rules. *Danny Joe* said that the ground rules were the same as those of the HIV Prevention Planning Council, and that they were intended to smooth the function of the council. *WC* said that he found the guidelines far too subjective, especially if failure to comply with the ground rules warrants expulsion. *LT* suggested that this discussion be held at the retreat; *TC* agreed, and asked if the ground rules could be treated as a proposal by the co-chairs. *Mariam Farooq* said that she didn't think that latecomers should be asked to leave. *Steve Lew* said that the ground rules needed to be clarified further.

VII. **Informational Presentation on the AIDS Education and Training Center**

Kirsten Bellano, clinical pharmacist at SFGH and part of the SF AIDS Education and Training Center, distributed a handout describing that organization. They are a Title V Ryan White Grantee, and provide on-site training to health care professionals in the EMA, as well provide for residencies at SFGH. They also staff the Warmline, a telephone consultation line for AIDS service providers nationwide. The handout provided many statistics regarding the calls to the Warmline from the EMA. The phone line is answered solely by nurses, physicians, and pharmacists.

Mary Jane Wood asked if the SF AETC could provide a breakdown of calls by county within the EMA, so that she could better understand what the needs in her area are. *KB* said that she could, and that one of the great strengths of the Warmline is the ability to determine educational needs from the bottom up. *WC* asked whether the Warmline is English-only; *KB* said that it is. *LT* clarified that the SF AETC, as one of the Ryan White grantees in the area, will have a seat on the HSPC in the future. *Jeff Byers* asked how the SF AETC coordinates with the AETC office in Fresno; *Ron Goldschmidt*, director of the SF AETC, responded that the regional AETC office, serving California, Arizona, Hawaii and Nevada, used to be in Fresno but is now in San Francisco, at UCSF. *KB* said that the SF AETC was re-focusing on the local area, and that they would use their expertise in clinical pharmacy to provide multidisciplinary trainings. *JB* asked whether he could refer physicians in rural California to the SF AETC for training; *RG* said that trainings would be provided by the local AETC office, although the physicians could use the Warmline. *TS* said that he had used the service many times and had found it very helpful. *Barbara Garcia* asked if there were protocols that the Warmline staffers follow; *KB* responded that they don't adhere strictly to a protocol, and that they choose a well-informed faculty and do a lot of quality assurance. *RG* added that they use the protocols as a baseline and then improve upon them. *BG* said that if she were a woman living with HIV in a rural area, she would want her service providers to know about the Warmline. She asked how information about the Warmline could be presented to the HIV community. *KB* said that they had consulted with Project Inform in order to best serve clients, and that Project Inform distributes the Warmline number to people who say that their providers need more information. *RG* said that when non-providers call, they answer the specific

question but suggest that only providers use the number. He said they cannot give the number out to non-providers and expect it to stay confined, although the patients and families who do call are very respectful of the purpose of the Warmline. *BG* said that that respect would make it possible for SF AETC to widely distribute the Warmline number without fear that it would be abused. *KB* said that many providers who call were referred by patients or social workers. *RG* said that they were wary of doing more publicizing of the number to non-providers. *LT* asked if the Warmline gave out information on reimbursements or Medicaid; *KB* responded that it was hard to keep track of that information on a national level. They usually try to refer those questions to local agencies. *RG* said that if they had a computerized database of state information, they would be able to answer those questions. *Carmen Portillo* asked if the AETC director, Michael Reyes, could speak to the council. *Virginia Cafaro* asked whether the local and national programs had overlapping funding; *RG* replied that the situation was complicated and constantly changing. *VC* asked how providers were informed, and whether the AETC does follow-up itself or refers callers to a local expert. *RG* replied that promotion is widespread, through publications and notification by Federal and state agencies. All first-time callers receive written information that directs them to their local AETC office. There's currently not an updated database of local experts. Sometimes callers are dissatisfied with local experts.

VIII. **Branch Chief's Report:**

GC said that the ADAP coalition meeting on February 18 is vitally important, and that the intent is to have all nine California EMAs represented.

Pat Johnson distributed and narrated the Contract Status Report. She noted that the four CARE contracts that are still in the Contract Unit are UCSF contracts that are awaiting a resolution to a disagreement regarding the standard boilerplate and insurance issues, and that two of the incomplete contracts are the two other counties.

BG asked why the Contract Status Report continues to be provided to the council, given that the problem appears to be resolved. *Diane Jones* agreed, saying that she understood that the report was provided so that the council can fulfill its mandate of evaluation of the AO. The report as it exists, however, is not very informative. The time that it takes to complete contracts is surprisingly long, but the council has not been hearing complaints from contractors. Is this because the system has improved drastically, or because there is no mechanism through which those complaints can be heard? *Jim Illig* of the HIV Contractors Association stated that the contractors are unused to waiting this long for funding. The council's two responsibilities are to set priorities and evaluate the administrative mechanism; there's currently no criteria to evaluate administrative efficiency. He asked the council to address the issue at the retreat. No contractors have yet been asked to submit anything for the coming fiscal year. *Pat Christen* stated that the Contract Status Report was a blunt instrument for measuring efficiency, and that the delays are the responsibility of both the AO and the contractors. *SL* said that it was hard for him to get a clear picture of the situation without getting feedback from all contractors. He noted that other councils get more input from the community of contractors. *GC* noted that the AO is only responsible for certain parts of the contract process; others are handled by different parts of the City bureaucracy. *WC* thanked *BG* and *Diane Jones* for bringing up the issue, and said that this would be a good opportunity to form a focus group. *Tom Sinclair* said that he felt the delay was not the fault of the AO. *Michael Chesek* said that the currently constituted committees would be the best way to address this issue, and that the retreat agenda was already full. *GC* suggested that whatever committee or group addresses the issue, representatives from all City offices that impact the contract process should be invited. *PJ* assured the council that the delay in the contract process was much reduced since last year.

IX. **Subcommittee Reports:**

A. **Ad-Hoc Retreat Planning Committee Report:** *Diane Jones* reported that the meeting held on February 3 had been attended by herself, *WC, Bart Casimir, Danny Joe, SL, LT, GC,* and *Mike Allison* and *Maria Ramos* of the Support Center. They identified four components to the retreat, which are framed by the examination of the mandate of the council. The first component involves strategic planning of the vision of the council, given changing therapies and changing political realities. The second component will be to study the prioritization process, and the third will be to examine the organizational structure of the council, including committees, roles, and responsibilities. The fourth component will be team-building. It has already been suggested at this meeting that ground rules and the evaluation component will be discussed. The committee decided that the meeting of February 24 will be an extension of the retreat, where perhaps some details can be finalized.

MR distributed a draft of the retreat agenda. She thanked the committee members for their input, and mentioned that the committee will meet again on Thursday, February 13. She read through the agenda, and said that she planned to propose that the council form task forces that would meet from March through June to prepare informational reports to the council to prepare for prioritization. She said that the intended meeting location would be at the downtown location of SF State, at 5th and Market. *WC* urged councilmembers to attend.

B. **Administrative/Logistics Committee Report:** *TC* reported that the meeting held February 3 was attended by himself, *Danny Joe, GC, PJ, Michelle Dixon,* and *Jim Illig.* The group instructed the AO staff to include the revised policy recommendations previously passed by the council as a whole concerning release of RFPs, allocation of unexpended funds, the annual needs assessment and the transitioning of contracts in the current revision of the AO policies and procedures manual, and to distribute the revised manual to the committee members before the February 22 retreat. The suggestion was made at the

meeting to establish criteria for evaluation of the administrative mechanism as mandated by the CARE Act, and that it be done within this committee if it exists after the retreat. *TC* said that he felt this committee should continue after the retreat.

C. **Ad-Hoc Housing Committee Report:** *TC* said that the committee had identified the following tasks facing the committee: re-evaluation of the Five-Year Housing plan; assessment of the report prepared by the AO and Redevelopment Agency comparing CARE and HOPWA funded housing services; examination of the income eligibility criteria for housing subsidies; discussion of establishing a continuum of housing services, and creation of a needs assessment. The report from the AO and Redevelopment Agency should be ready before the next meeting, which will be held March 3 at 4:30 at the AO. *LT* said that there would be more information provided by the AO and Redevelopment Agency that would be provided after March 3. *TC* noted that the committee was charged to provide a recommendation on subsidies to the council on March 10, so that the March 3 meeting should be attended by all interested councilmembers. *WC* asked if shallow rent subsidies had been addressed and was told that they were. *TC* said that in his opinion, there is a mandate from the community to increase funding subsidies.

Review and Approval of Addendum to Minutes of 1/13/97: *MJW* moved to approve the addendum; *MF* seconded. The motion passed, with *PC, John Gressman, Diane Jones*, and *RT* abstaining.

I. **Public Comment:** *Tim Wolfert* and *Ira Glasser*, president of the advisory committee and development coordinator for the HIV/AIDS LIFE Center to be built at the corner of 16th and Market, reported on the progress of that project. It was originally conceived a multi-service center allowing better collaboration among agencies. Some of that has gone on at 400 Castro Street. They distributed a fact sheet and a brochure. *IG* said that the project will be going out to bid shortly. The building will have 21 thousand square feet of space, and is largely financed by the gift of the land from the church that once occupied the site, and an expansion of the Walgreens store at 18th and Castro, which will take up space on the second floor of the building. Three-quarters of the space will be contractors selected by the AO. The building will be fully accessible. The lease will come before the Public Health Commission sometime in the next month or so.

MC asked when the center might open; *IG* said that the groundbreaking could take place in four or five months, and the construction was expected to take twelve to fifteen months. *Dee Hampton* asked what the Walgreens component would be; *IG* said that they would have three thousand square feet for a pharmacy, which will act as a consulting pharmacy with private consultation rooms. The original goal was to have the building house only non-profits, but the project needed a "credit tenant" in order to get a loan. *DH* asked what agencies would be housed there; *IG* said that the AO would decide, although the process of choosing tenants had not yet begun. The goal is to have as little administrative service as possible; the agencies will share one copy machine and one fax machine, and share meeting space. *TC* asked how many service providers could be placed there; *IG* said that the available area is 15,000 square feet, which is six times the space at 400 Castro. The traffic will be enormous. *TC* asked if the NAMES Project was involved; *IG* said that it had been involved, but dropped out four years ago because of the size of the AIDS Quilt. *MF* asked if the group wanted CARE funding; *IG* responded that they did not, but rather wanted to keep the council informed. *VC* said that she had a problem with allotting three thousand square feet to Walgreens, considering that their store at 18th and Castro is immensely profitable and they have not given very much back to the community. In addition, the current pharmacy doesn't only serve PWHIVs. *IG* noted that the pharmacy at 18th and Castro would not close. He added that Walgreens was the only pharmacy that wanted to be included. Statlander's had been close to signing but then backed out. *VC* said that Statlander's takeover of Castro Village Pharmacy had led to a decline in service, and she was concerned that the same thing could happen with this project. She added that three thousand feet is more than enough for a pharmacy, and that consulting would be appropriate for Pharm.Ds, but not for RNs or BSNs. *IG* said that he wasn't well informed about those licensing requirements. *VC* said that the pharmacy should be held to a very high standard. *IG* said that Walgreens would be setting up a community advisory group at the time of the groundbreaking. *PC* said that she was wary of the project, especially given the experience of the Center for Positive Care. The lesson to be learned from that unsuccessful project is that when there are multiple providers under one roof, someone must be in charge of quality assurance and standards of care, and protocols must be established for clinical assessments. The current model for the LIFE center doesn't address that. *IG* said that everyone involved has learned from the CPC experience. The DPH will be taking the responsibility for establishing the standards and protocols for the center. *PC* said that the community will have a very difficult time establishing shared protocols, and the DPH has no track record in establishing them. *IG* said that it was understood that there needed to be an agency that was willing to set standards and yet be inclusive. *SL* said that this discussion needed to take place within the context of a broader discussion of care services. He said that the discussion could not take place without an understanding of the spectrum of care. He asked what processes would be used to plan the center; *IG* said that they had yet to be established, but that that was why they were informing the council this early in the process. *JG* said that he agreed with *PC*, saying that the grievances from patients regarding the CPC were overwhelming. The problems involved turf issues, and those kind of problems cannot be easily solved by the DPH. Having one copy machine and one fax machine will intensify those turf battles. The concept is good, but making it work will be a nightmare. *IG* said that the space was flexible enough to allow for many different arrangements, and that nothing has been decided yet. *WC* asked *GC* about the tenancy of the space; *GC* said that he couldn't comment on the center. *IG* said that the whole project was still in the early planning stages. *GC* said that when he got more information on the center he would report it to the council.

XII. **New Business:**

MC proposed that the council send a letter to KREBS Convention Management Services instructing them to publicize the PWA scholarships to the AIDS Update; *WC* seconded. *MJW* noted that all letters from the council must come from the co-chairs, and amended the motion to reflect that. *LT* said that she would participate. *Diane Jones* urged that the wording be strong, and said that this has been an issue in previous years as well. *PC* called the question; the motion passed by unanimous voice vote.

MC said that the next Membership Subcommittee urgently needed to be scheduled. *LT* asked for those interested in attending to get together after the meeting to schedule it.

BG asked whether the council had a representative on the HIV Prevention Planning Council. *LT* said that it currently did not, and that that issue should be addressed by the Membership Committee.

BG asked if an updated phone list for councilmembers was available; *LT* said that it would be provided at the retreat.

GC noted that volunteers were needed for the AIDS Update conference; volunteers work a four-hour shift and are admitted to the entire conference for free. Call Brian Dobrow at 554-9000 for details.

XIII. **Adjournment:** The council adjourned at 6:55 PM.

DRAFT

P = Present; A = Absent; E = Excused Absence; L = Leave of Absence; Y = Yes; N = No; B = Abstain							
	[1]		[1]		[1]		[1]
Marianna Balquiedra	P	Mariam Farooq	P	John Henry Kouba	A	Barry Savage	P
Jeff Byers	P	Barbara Garcia	P	Steve Lew	P	Chris Sayer	A
Virginia Cafaro	P	Carol Gong	A	Melissa Marsh	A	Mark Serpas	E
Tom Calvanese	P	Jon Dean Green	A	Janet Nassar	A	Thomas Sinclair	P
William Carter	P	John Gressman	P	Norm Nickens	A	Laura Thomas	P
Bart Casimir	P	Dee Hampton	P	Wayne Peace	L	Rita Times	P
Michael Chesek	P	Danny Joe	P	Carmen Portillo	A	Mary Jane Wood	P
Pat Christen	P	Diane Jones	P	Alissa Riker	A		
Thomas L. Eades	A	Susan Karp	A	Joy Rucker	E		

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Mayor's HIV Health Services Planning Council RETREAT

Saturday, February 22, 1997

San Francisco State University -- Downtown Campus

425 Market Street (at Fremont), Room 301

Agenda

I.	Role Call	9:30 AM
II.	Public Comment (limited to 10 Minutes)	
III.	Introduction to Retreat Goals	
IV.	Team Building	
V.	Overview of Federal Mandate	
VI.	Small Group Discussion of Vision of Council	
VII.	Prioritization Process	
VIII.	Team Building	
IX.	Next Steps	
X.	Feedback	
XI.	Adjournment	5:00 PM

Mayor's HIV Health Services Planning Council

February 24, 1997
San Francisco AIDS Foundation
10 United Nations Plaza, 6th Floor Conference Room

Agenda

I.	Call to Order	4:30 PM
II.	Roll Call	
III.	Review and Approval of Agenda	
IV.	Review and Approval of Minutes of 1/27/97 and 2/10/97	
V.	General Announcements	
VI.	Evaluator's Report	
VII.	Public Comment	
VIII.	Retreat Follow-up: Council Structure	
IX.	New Business	
X.	Adjournment	7:30

Up-coming Meetings: March 3, 1997 - Ad-hoc Housing Subcommittee 4:30 PM
AIDS Office, 25 Van Ness, Suite 500
March 10, 1997 - Council Meeting, location TBA
March 24, 1997 - Council Meeting, location TBA

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Dixon

Mayor's HIV Health Services Planning Council

February 24, 1997

Minutes of Meeting

DRAFT

I. **Call to Order:** 4:43 PM

II. **Roll Call [1]**

III. **General Announcements:** *Tom Calvanese* distributed a memo detailing his concerns about the incompatibility of the recently released Tenderloin HIV Services RFP and the council's recommendations passed at the meeting of December 9, 1997. The memo includes a request that the AIDS Office respond in writing by the meeting of March 10. *Gene Copello* said that a response would be distributed at the March 10 meeting.

Norm Nickens distributed the correspondence file, asking that councilmembers interested in getting a copy of a particular document write a request on the inside front cover of the folder. He also asked councilmembers not to write directly on the copies within. *Michael Chesek* asked if previous contents of the correspondence file could be brought to meetings. *NN* said that he would do so, but asked councilmembers to be aware of the amount of paper brought to meetings. *Mariam Farooq* asked if the contents of the file would still be available at the AO; *NN* said that they are archived for several months.

IV. **Evaluator's Report:** *Kevin Roe* distributed the evaluations of the previous meeting and of the retreat, as well as a scheduling sheet for telephone interviews. Telephone interviews will take about 15 minutes and the results would be confidential. There will also be surveys mailed out to councilmembers that will concern previous experience.

V. **Public Comment:** *Diane Wade* of Legal Services for Children said that she has several HIV+ clients who are under threat of eviction, and asked if the council is addressing that issue. *NN* noted that San Francisco has legislation prohibiting housing discrimination against people with HIV, and said that there are many permanent and temporary housing service providers for PWAs. He also noted the formation of the Ad-Hoc Housing Subcommittee. *Laura Thomas* suggested the AIDS Legal Referral Panel as a resource. *TC* asked *DW* what her clients needed; she responded that they needed understanding from landlords about their need for assistance. She noted that this case is in subsidized housing.

VI. **Review and Approval of Agenda:** *Carmen Portillo* moved to approve the agenda; *Janet Nassar* seconded. The motion passed unanimously.

VII. **Review and Approval of Minutes of 1/27/97 and 2/10/97** *Steve Lew* moved to approve the minutes of January 27; *Barry Savage* seconded. The motion passed, with *TC* and *Dee Hampton* abstaining. *MC* moved to approve the minutes of February 10; *Diane Jones* seconded. *Joy Rucker, JN, Alissa Riker,* and *Susan Karp* all noted that their absences from that meeting should be excused. The motion passed, with *DH, JN, AR, JR, William Carter,* and *Carol Gong* abstaining.

VIII. **Retreat Follow-up - Council Structure:**

Maria Ramos began a continuation of the business of the retreat held on February 22. The draft minutes of the retreat were distributed to councilmembers, who spent five minutes reviewing them. *MR* then described the tasks before the council for the rest of the meeting: determine the key questions to be answered during the prioritization process; make decisions on the structure of committees, and assign councilmembers to committees. *WC* noted that this method would gear the entire structure of the council towards the appropriations process. *MR* noted that the short-term goal of this approach was to determine the content of meetings over the next four months. The council will re-evaluate the short-term result after this year's prioritization. However, the decisions at this meeting will determine the entire council structure. *TC* suggested that the group proceed, but keep in mind that the council has other responsibilities beyond the prioritization process. *NN* agreed that there were other, non-prioritization concerns, including membership. *MR* suggested that the council follow the groundrules that were temporarily adopted at the beginning of the retreat. She distributed a handout containing a summary of the responses to the question about vision from the morning of the retreat, some definitions of terms, and a worksheet for matching tasks to committees. The council broke into three small groups to discussion proposals for one hour.

After the groups returned, *MR* asked councilmembers to note potential key questions, both for the immediate prioritization process and for the long term. [See Attachment]

MC suggested that groups report back briefly; *MR* consented, saying that hopefully all key questions had been mentioned and that groups could discuss their solutions.

LT reported that her group wished to: establish a **Membership/Admin/Logistics** committee; keep the **Long-Range Planning** committee; create new standing committees for **Outreach, Evaluation, Prioritization/Scheduling, External Factors, Needs Assessment/Client Satisfaction,** and **Information/Presentation** (examining epidemiological/demographic information, housing and multi-diagnosis issues, services provided, and contract status).

Virginia Cafaro reported that her group would: establish a **Coordinating** committee that would set up community meetings and other forms of public feedback; collapse the **Administration** and **Public Policy** committees into one; assign the epidemiological

and demographic data to the **Evaluation** committee; and maintain the **Long-Range Planning** and **Membership** committees. They also discussed the definition of the PWHIV Caucus.

Marianna Balquiedra noted that her group was split on the suggestion to combine the **Membership** and **Admin/Logistics** committees. They group wished to create an expanded **Executive** committee that would facilitate the process. An ad-hoc committee would take process suggestions and report them to the council. The group was concerned with levels of authority of different committees and task forces. Another option discussed was to create a **Prioritization** committee which would in turn create ad-hoc committees to address issues as they arose.

PC said that the proposal to structure the committees around the mission of the council was revolutionary, and could re-focus the council on the tasks facing it. If the structure was changed in that way, an executive committee might be necessary to coordinate the process. The executive committee could consist of the chairs of the other committees. She said that her group had difficulty defining the structure before defining the functions of the council. *WC* spoke in favor of a committee devoted to determining what kind of data the council would consider.

MR stated that the council could proceed by modifying the existing structure or by starting with a new structure that arose from the Federal mandates. *TC* said that the current structure was seriously flawed, as demonstrated by the continual assignment of new responsibilities to the Long-Range Planning Committee. He suggested using the summary of the mandates that *LT* provided as a template for the new committees, noting that the wisdom of the council regarding the council's mission as discussed at the retreat closely mirrored those mandates. That structure would help keep the council on track.

The mandates were listed for the council **[See Attachment]**. NN asked where Membership would fit into that structure. Danny Joe suggested forming an ad-hoc committee to examine competing plans for council structure and report back to the council at the March 10 meeting. WC suggested assigning the key questions to the mandates; the council did so **[See Attachment]**.

NN suggested that the membership function be handled by the Community Input committee rather than as a standalone committee. *SL* said that the proposed direction was good, but that the functions of the old committees should not be abandoned. The council should look at where functions intersect. *PC* agreed, and said that the idea of the "data collection" committee had merit. She added that the community input committee should not be assigned additional tasks, and that Membership should remain a separate committee. *TS* urged councilmembers to accept the output of the committees if they are given responsibilities. He also spoke in favor of having a guiding body, but hoped that that function would not be restricted to the chairs of the other standing committees. *Diane Jones* asked that the co-chairs, the AO, and the Support Center get together to think about possible options and present them to the council. She added that issues around membership and empowerment of committees are organizational concerns that cannot be delegated out to committee.

MR asked how the council felt about having a committee address the organizational issues. *NN* noted that the reorganization of the committees would require changes to the by-laws, which are based on specific committees. *WC* said that the by-laws changes should be a part of the ad-hoc committee's discussion. *JR* asked what the status of the PWA caucus was. *TC* said that he supported the organizational committee and that a time should be set for it to meet. *MF* urged that the PWA caucus discussion be held in the council as a whole. *TC* said that the council had to address community input, and that that was the concern of the PWA caucus. *LT* said that the task force that will meet before the next meeting should not address the PWA caucus. *MR* asked for volunteers for that task force; *TS, TC, Diane Jones, Danny Joe, LT,* and *NN* volunteered. *MC* said that the Membership committee needed to convene; he suggested that it meet at 6:00 PM on March 3. *SK* and *MC* indicated that they would attend the Membership meeting.

IX. **Adjournment:** The council adjourned at 7:30 PM.

P = Present; **A** = Absent; **E** = Excused Absence; **L** = Leave of Absence; **Y** = Yes; **N** = No; **B** = Abstain

	[1]		[1]		[1]		[1]
Marianna Balquiedra	P	Mariam Farooq	P	John Henry Kouba	A	Joy Rucker	P
Jeff Byers	P	Barbara Garcia	A	Steve Lew	P	Barry Savage	P
Virginia Cafaro	P	Carol Gong	P	Melissa Marsh	A	Chris Sayer	A
Tom Calvanese	P	John Gressman	P	Janet Nassar	P	Mark Serpas	E
William Carter	P	Dee Hampton	P	Norm Nickens	P	Thomas Sinclair	P
Bart Casimir	A	Danny Joe	P	Wayne Peace	L	Laura Thomas	P
Michael Chesek	P	Diane Jones	P	Carmen Portillo	P	Rita Times	A
Pat Christen	P	Susan Karp	P	Alissa Riker	P	Mary Jane Wood	A

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Key Questions

1. What are the processes that will be used for community input? What questions will be asked?
2. What is the population that CARE-funded programs will serve (epidemiological/demographic information)?
3. What other sources of funding are available to serve the needs of CARE consumers?
4. What is the utilization data for CARE-funded programs?
5. What is the actual expenditure of CARE-funded programs compared to the budgeted expenditure?
6. How will the council arrive at the dollar amounts used for prioritization?
7. What are the unspoken assumptions that councilmembers hold about communities to be served, and how can those assumptions be challenged?
8. What group will guide the prioritization process? How will the process be coordinated?
9. What is the baseline of information about a particular community or service category that councilmembers will need in order to make informed decisions?
10. What is the estimated amount of CARE funding that will be available to the EMA in coming years?
11. At what level are decisions made, and what authority will different committees and task forces have?
12. What is the impact of prioritization on the EMA?
13. What are the outcome measurements for CARE-funded programs?

Other Tasks: i) Recruitment of new members ii) Assessment of the grantee's efficiency iii) Five-Year plan

Possible Committees based on duties from CARE Act	Key Questions
(A) Establish priorities for the allocation of funds ... based on the:	6, 7, 8, 9, 12
(i) documented needs of the HIV infected population	2
(ii) cost and outcome effectiveness of proposed strategies and interventions...	4, 5, 13
(iii) priorities of the HIV infected communities for whom the services are intended	
(iv) availability of other resources ...	3
(B) Develop a comprehensive plan for the organization and delivery of health services	4, 7, 10, 12, iii
(C) Assess the efficiency of the administrative mechanism ...	5, ii
(D) Participate in the development of the Statewide Coordinated Statement of Need	10
(E) Establish methods for obtaining input on community needs and priorities ...	1, 4, 7, 12, i
Executive Committee	8, 9, 11
Membership Committee	i

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HIV HEALTH SERVICES PLANNING COUNCIL

March 10, 1997

The Agenda and Minutes of this meeting are missing.

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HIV HEALTH SERVICES PLANNING COUNCIL

March 24, 1997

The Agenda of this meeting is missing.

San Francisco Public Library
Government Information Center

Mayor's HIV Health Services Planning Council

March 24, 1997

Minutes of Meeting

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I. Call to Order: 4:40 PM

Roll Call [1]

III. **General Announcements:**

A. *Laura Thomas* announced that the San Francisco AIDS Foundation has released the pamphlet "Giving Life A Home: HOPWA at Work in San Francisco," which describes HOPWA projects. She distributed the pamphlets to those interested.

B. *William Carter* announced that he does not participate in the current evaluation process, and that council members who wish to communicate with him could do so by phone.

IV. **Evaluator's Report:** *Kevin Roe* distributed the Evaluator's report. He strongly recommended that the council take a break during the meeting, and suggested that if a break is not included on the agenda, councilmembers who wish to take a break should request that it be added to the agenda during the agenda review and approval of the agenda.

V. **Public Comment:**

A. *Hank Wilson* stated that ACT-UP Golden Gate supports the Ad-Hoc Housing Subcommittee's recommendations on shallow subsidies. He said that the group approves of the council moving in the direction of examining service delivery. He called on the council to provide leadership for the community, and to be more agenda-driven. The intent of community planning was to capture the input of disinterested recipients of services. He urged the council to move forward in an open and clear manner, without games.

B. *Walt Hanna,* of the San Francisco Log Cabin Republicans, expressed strong support for the Ad-Hoc Housing Subcommittee's recommendations on shallow subsidies. He urged the council to vote in favor of the recommendations and to implement them. The report provided by the Redevelopment Agency shows that HOPWA funding has not changed to meet the new realities of the epidemic. The plan for shallow subsidies used in Los Angeles would be a useful model for San Francisco. He distributed a handout describing the specifics of that program.

C. *Jim Illig* of the HIV Contractors' Association was disappointed by the events at the meeting of March 10. He had expected that the council would celebrate the supplemental funding made available to the EMA, and that the council would thank the AIDS Office for their hard work in preparing the supplemental application. Instead, the council went off on a tangent. The council does not have authority to examine specific contracts, which is what the council effectively did by voting to cut funding to the CHIPS program. The council is mandated to assess the administrative mechanism, and it should focus on applauding the AIDS Office's efforts.

WC said that it was his understanding that the CHIPS program was not one single contract, but rather a program consisting of one contract to maintain the computerized waiting list and another to provide additional support. The council does have the authority to change funding of programs; for example, the council has authority over the funding for the Dental Services category, which involves only one contract. *JI* said that cases where a service category had only one contract were coincidental and did not apply to the Housing category, where there are many contracts. *WC* suggested that the discussion continue outside the council meeting. *Tom Calvanese* said that the decision of March 10 had to be viewed in light of the fact that the council's earlier instructions concerning CHIPS were not implemented. He said that the council has no desire to choose particular contractors for particular programs.

VI. **Review and Approval of Agenda:** *Norm Nickens* noted that the printed agenda listed the vote to support the Ad-Hoc Housing Subcommittee's recommendations on shallow subsidies as happening right after the report back from the Committee on Committees, when in fact it should follow the Housing report. There will be a vote on the recommendations of the Committee on Committees at the appropriate time. *Miriam Farooq* asked if the Housing Committee report could be moved to before New Business. *Joy Rucker* said that she felt that it was unfair to keep the representatives from the Redevelopment Agency waiting, since their report had been postponed from the meeting of March 10. *Tom Sinclair* agreed, saying that it would be unfair to keep them waiting any longer. *NN* suggested that the Ad-Hoc Housing Subcommittee report could be scheduled between the Redevelopment Agency report and the Committee on Committees report. *John Henry Kouba* moved that the agenda be approved, with those alterations; *TS* seconded. The motion passed, with *MF* opposed and *Rita Times* abstaining.

II. **Review and Approval of Minutes of 3/10/97:** *TS* moved to approve the minutes of 3/10/97; *JHK* seconded. The motion passed, with *Diane Jones* and *Michael Chesek* abstaining.

III. **Old Business:**

A. **San Francisco Redevelopment Agency Annual Report:** *Olsen Lee* provided an update on Redevelopment Agency HOPWA activities in calendar year 1996. He began by introducing the RA staff: *Chris Harris* works with supportive

services; *Pam Sims* works with Capital Projects and Administration; *Norma Thompson* will be replacing *PS*. *OL* said that 1996 was a transitional year for the RA's HOPWA programs. The main activity of the year was to get projects up and running. Leland Avenue and Hazel Betsy both opened in 1996. Currently, approximately $3.3 million is allotted yearly for supportive services. The budget was affected by the change in the amount of the rollover of programs from HOPWA to CARE funding.

The Redevelopment Agency has been investigating economies of scale; that is, the cost savings that may be realized by funding fewer programs with a greater number of units. In addition, some licensing regulations changed in 1996, including those regarding nursing services. There were no new capital projects in 1996. In addition to the completion of Leland Avenue and Hazel Betsy, A Woman's Place opened with 10 beds for women with AIDS. Maitri AIDS Hospice will be opening in 1997. The rental assistance program in collaboration with Catholic Charities housed 318 individuals with HOPWA vouchers in 1996; the target number for 1997 is 350. The Redevelopment Agency will continue to work with Catholic Charities to identify other housing resources. For example, 10-15 families will be placed at the new private development at Third and Harrison. An important goal is to identify more "mixed" housing programs that will not be dependent on a single source for funding. The agency has worked with the Mayor's office in trying to develop new capital projects, which has been made more difficult by overlapping regulations.

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The agency will work with the Planning council to update the Five-Year Housing Plan to meet changing housing needs. They are looking at developing mixed Section 8 / Section 11 housing with mixed funding sources. In 1997, 1010 South Van Ness will open with the first ten HOPWA units specifically for families. Maitri will open with supported housing, and 129 Hyde will open with units for youth with HIV/AIDS. Other upcoming projects include the Powell Hotel and a Glide Foundation project.

MF asked how many beds at the Third and Harrison project would be reserved for people with HIV/AIDS; *OL* replied that none of the 253 units would be reserved, but that they would try to house as many people as possible there. *Chris Sayer* asked whether all existing supportive service programs would continue to receive funding; *OL* responded that they would. *CS* then asked whether other private organizations besides Catholic Charities were involved; *OL* mentioned Lutheran Social Services, Dolores Street Community Center, Mission Housing, Larkin Street, Walden House, Bernal Heights, and Black Coalition on AIDS, and said that a more complete list was available from the Redevelopment Agency. *Mark Serpas* asked *OL* if he was comfortable with the discrepancy between the current Five-Year Housing Plan's ratio of capital development to supportive services to rental subsidies and the actual ratio. *OL* said that the actual budget is much less capital-intensive than the Five-Year Housing Plan, which is due to uncertainty about the ability to continue funding supportive services at an expanding number of projects, given the new rental assistance responsibilities. The percentage of capital spending will increase in 1997, although not to the levels set by the Five-Year Housing Plan. *MS* asked if *OL* was comfortable with 4% of the budget going to administration and technical assistance, as opposed to the 1% of the Five-Year Housing Plan. *OL* said that the bulk of that funding was in technical assistance, for which the primary contractor is the Coalition for Supported Housing. The need for technical assistance is great because some service providers are unused to managing developments, and need assistance with licensing and other issues. *WC* asked how the Redevelopment agency would work with the council to update the Five-Year Housing Plan; *OL* said that they would work with the Housing Task Force. *WC* asked whether the target for 1997 was 350 new rental subsidies or a total of 350 subsidies; *OL* responded that it was the latter. *WC* asked if *OL* had a response to *WH*'s presentation on the shallow subsidies provided in Los Angeles. *OL* said that it was important to examine what kinds of programs CARE and HOPWA each fund well. The SF Redevelopment Agency still believes that they are held to certain housing standards by HUD. The SF Redevelopment Agency's HOPWA representative says that the LA program is not within HOPWA regulations. There are conflicts given HOPWA restrictions on fair market rent and roommates. *Bart Casimir* asked what the definition of a family was for family housing. *Pam Sims* responded that the 10 HOPWA units at 1010 South Van Ness are for families defined as more than one individual. *BC* asked how those families would be chosen; *PS* said that they will be selected from the CHIPS waiting list. *NN* thanked the Redevelopment Agency staff for their time.

IX. Subcommittee Reports:

A. **Ad-Hoc Housing Committee**: *JR* stated that given the events at the meeting of March 10, the report-back process from the Ad-Hoc Housing Subcommittee would be more formal in the future. She noted that the new process of the council was outlined in the "Decisions of the Ad-Hoc Housing Committee" distributed in the mailing, and that she hoped that all councilmembers had read them. The most important part of the new process will be that all recommendations from the council will be written down and brought to the meeting. *CS* thanked the committee members for codifying their process. *RT* asked whether the recommendations would be brought to the council both in the form in which they were written at the committee meeting and summarized on paper; *JR* said that it would be in both forms in order to ensure that there be no confusion about the process. *TC* said that the road to developing the new process had been painful, but that it had been completed and could be looked at as a prototype for other committees. He went on to present the recommendations that the committee made concerning the shallow rent subsidies. He noted that the committee did not attempt to answer every possible question about the shallow subsidies, but only those upon which the committee could reach consensus. This

proposal is not "the solution" to the crisis in housing; but rather a first step to take with funds that are currently available. He offered to answer any questions from the council.

RT asked why the committee chose to make disabling HIV/AIDS a prerequisite for the shallow subsidies. *TC* responded that there were good arguments on both sides of that decision. While it is true that there are needy individuals who do not have an official letter establishing their disability, the committee wanted to ensure that the criteria for the shallow subsidies were similar to those for full subsidies. *LT* added that all service providers currently have procedures in place to help those in need to get letters from doctors. *TC* read through the recommendations of the committee one by one. *WC* asked where the funding for these shallow subsidies would come from; *JR* responded that the funding that formerly funded the CHIPS program would be available July 1, 1997. *CS* asked whether the recipients of the subsidies would have to be drug-free to qualify; *TC* said that that could not and should not be a requirement. *CS* asked whether allowances would be made for clients who might have difficulties in getting to their appointments; *JR* responded that clients would have a set amount of time to find housing. *TC* said that the committee would ask service providers to submit usage statistics.

Diane Jones asked about the AIDS Office response to the recommendations. *NN* said that there were three parts to the AO response. Firstly, the AO thinks that the subsidies as described in the recommendations are doable. Secondly, the AO has agreed to eliminate CARE funding of CHIPS by July 1, 1997, although they do not concede that the planning council has the authority to defund individual contracts in that manner. Thirdly, the timeline for the shallow subsidies can be met only if all goes well. They will pursue an alternative solicitation for the contract, and ask for responses from all contractors who bid on the old Money Management proposal. However, any contractors who feel that they could have submitted a bid could derail the process when it is brought before the Health Commission. *Tia Martinez* noted that from her analysis of the CHIPS waiting list, about 80% of those listed would qualify for the shallow subsidies, which is nearly three thousand people. There are 746 people on the list with incomes of less than $350/month, and about 2,500 with income of less than $700/month. *NN* said that this made it clear that the shallow subsidies are just an introductory step, which will help perhaps 100-150 people. *DJones* urged the committee to look at the barriers that prevent needy individuals from getting subsidies. *NN* said that the council would be provided with information on housing utilization rates. *TC* said that he agreed with *DJones*, saying that the program he initiated at the Ambassador Hotel was designed to help those not formally on disability. *JR* cautioned that service providers can't handle every obstacle to client's finding housing; many people have such poor rental histories that landlords will not rent to them. That's one of the reasons that capital development needs to be a part of any housing solution; some clients cannot be housed privately. *LT* said that this kind of substantive discussion should take place in the committee. *Tom Sinclair* applauded the proposal for its clarity. He asked that future reports take a broader view and outline the larger problems and possible solutions.

WC moved that the council vote to approve the committee's recommendations; *JHK* seconded. *MS* asked why the upper limits for subsidies had been set at $200/month for individuals and $300/month for families. *TC* said that those were the limits at the existing subsidy program at Catholic Charities. It may not be enough in every instance, but it will be of some help and will enable a larger number of subsidies to be awarded. *NN* said that higher limits would mean that fewer than 100-150 people could be served. *TC* added that $200/month can mean a lot to clients with very small incomes. *MF* expressed support for the recommendations, and thanked *JR* for her explanation of why capital development was necessary. *BC* supported the proposal, but asked what was meant by describing the subsidies as "long-term." *TC* said that the subsidies would last until the recipients got full housing subsidies or another housing solution. *JHK* said the recommendations were excellent, but asked if they could specify a time for report-back from the AIDS office. *TC* said that they didn't foresee a problem with getting progress reports back from the AO. *BC* called the question; the motion was voted on and passed [2].

Old Business [continued]:

A. **Ad Hoc Committee on Committees Report:** *TS* presented the recommendations of the Ad-Hoc Subcommittee on Council Structure, as listed in the report dated March 5, 1997. *Maria Ramos* noted that not all of the committees would necessarily meet as often as others, given changing priorities throughout the year. She added that the AO would have staff members attending all committees.

WC said that part of the thinking behind the recommendations is intended to keep substantive discussion in the committees and out of the full council meeting. Also, the Task Forces would be created by standing committees and would be dissolved when they had completed their tasks. *CS* suggested that the process designed for the Ad-Hoc Housing Committee could apply to all committees. *NN* said that he felt that the proposal was generally acceptable, but pointed out that delegating deliberation to committees means that it will occur in groups containing few council members and many contractors and others. Currently, there are no groundrules for committees; all attendees participate on an equal footing. He also said that there were limits on the number of committees the AO and contractors would be able to support. *TC* clarified that the committee agreed to establish the HIV Caucus as a subgroup of the Community Input committee. He urged councilmembers to attend committee meetings, and said that the new structure would be much more efficient, lightening the load on the AO.

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WC said that he approved of the process guidelines proposed for the Housing Task Force, and that they would work well for all committees. He said that the details of logistical support for the committee meetings can be handled by the proposed Steering Committee. He said that councilmembers would be held to attending at least one committee meeting each month, as is currently required in the by-laws. *JR* asked how attendance requirements would be enforced. *Diane Jones* said that she felt that the proposal's mandate of three meetings each month was too many. Most councilmembers currently don't attend three meetings a month; it's impractical to ask for that level of support. Holding fewer meetings will improve attendance. If councilmembers vote for this proposal, they had better attend meetings. *TS* said that the proposal was designed by first examining the work to be done and then assigning it to committees. The council should be unafraid to set a standard of three meetings a month. *TC* suggested that the new Planning and Evaluation committees be renamed, since they will be substantively different than the old committees of those names. He added that the current standard of three meetings a month be maintained; if councilmembers don't meet that standard, they'll be replaced. *MC* asked if all committee meetings would have to be held earlier in the month than the other meetings; *DJones* said that had not been determined yet. *Danny Joe* moved to accept the recommendations; *WC* seconded. *TC* made a friendly amendment that the Evaluation committee be renamed Evaluation and Assessment; *DJoe* accepted. *TC* further asked that the PWA Caucus be recognized as existing by being made a separate bullet point on the proposal; *DJoe* accepted. *MS* asked when the new schedule would become effective, and suggested April 14. *CS* urged that the new meeting times be determined well in advance so that members know when and where to attend. *WC* suggested that the Steering Committee determine the schedule; *NN* responded that the Steering Committee, made up of chairs of other committees, could not meet yet, and suggested that the Ad-Hoc Committee on Committees meet once more to do scheduling. *TC* said that he didn't want to attend more Ad-Hoc Committee on Committees meetings. *BC* called the question. The motion passed, with *Marianna Balquiedra* opposed and *CS* abstaining.

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XI. **Co-Chairs' Report**

A. *NN* urged councilmembers to submit their Form 770s as soon as possible. *DJones* asked if it was correct to select both SF and the three-county EMA as the jurisdiction; *NN* said that it was.

B. *NN* said that the AO is applying for a federal Telecommunications Grant to fund the REGGIE program. They will not be competing with any other San Francisco program, and the grant can only be applied to communications projects. He asked the council to support a letter for the application. *JHK* so moved, with *JR* seconding. *WC* expressed mistrust, and asked that the letter be read; *NN* read it. *TC* said that he approved of the AO seeking alternate funding. The motion passed.

C. *NN* distributed the new membership nomination forms, and copies of the notice announcing vacancies. He added that HIFY has nominated *Ron Reynolds* to the council, who will sit with the council pending approval. *MC* asked whether publications in other counties had been notified; *NN* said that two papers each in Marin and San Mateo had been contacted, out of perhaps 35 community-based publications.

XII. New Business

A. *DJoe* asked that another meeting of the Ad-Hoc Committee on Committees be scheduled. *NN* agreed, asking that it be before the next full council meeting. *WC, MC, JR, CS, TS* and the co-chairs said they would attend. The group chose to hold the meeting at 5 PM on March 31, at 25 Van Ness.

XIII. Adjournment: The council adjourned at 7:20 PM.

P = Present; **A** = Absent; **E** = Excused Absence; **L** = Leave of Absence; **Y** = Yes; **N** = No; **B** = Abstain												
	[1]	[2]		[1]	[2]		[1]	[2]		[1]	[2]
Marianna Balquiedra	P	Y	Mariam Farooq	P	Y	John Henry Kouba	P	Y	Chris Sayer	P	Y
Jeff Byers	E		Barbara Garcia	E		Steve Lew	E		Mark Serpas	P	Y
Virginia Cafaro	A		Carol Gong	A		Norm Nickens	P		Thomas Sinclair	P	Y
Tom Calvanese	P	Y	John Gressman	A		Wayne Peace	A		Laura Thomas	P	Y
William Carter	P	Y	Dee Hampton	A		Carmen Portillo	A		Rita Times	P	Y
Bart Casimir	P	Y	Danny Joe	P	Y	Alissa Riker	P	Y	Mary Jane Wood	E	
Michael Chesek	P	Y	Diane Jones	P	Y	Joy Rucker	P	Y			
Pat Christen	A		Susan Karp	A		Barry Savage	P	Y			

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HIV HEALTH SERVICES PLANNING COUNCIL

April 14, 1997

The Agenda of this meeting is missing.

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Mayor's HIV Health Services Planning Council

April 14, 1997

Minutes of Meeting

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I. Call to Order: 4:45 PM

Roll Call [1]

II. **General Announcements:**

A. *Danny Joe* announced that the notebooks that had been provided to members for the last prioritization process had been brought to the meeting, and asked councilmembers present to take their notebooks home.

IV. **Evaluator's Report:** *Kevin Roe* distributed the Evaluator's report. He noted that many of the evaluation interviews had not yet taken place, but that they would be happening shortly.

V. **Public Comment:** *Norm Nickens* called for public comment; there were no members of the public wishing to comment.

VI. **Co-Chairs' Report:**

A. **By-Laws Revision:** *NN* said that the current by-laws needed review and revision in order to take into account new guidance from HRSA and clarify categories of membership. The changes are largely confined to the grievance process, with some possible changes needed for the membership selection and recruitment process. Membership categories must be clarified to specify all HRSA-funded programs in San Francisco, including the AIDS Education and Training Center and the Dental Reimbursement Program. These changes can be drafted by AIDS office staff, or referred to an ad-hoc committee. The council has now received notice of the changes and can vote on the changes at the meeting of May 11. *Tom Calvanese* suggested that the changes be addressed by the Steering Committee, with support from Membership. *NN* said that that would be appropriate; the matter was referred to Steering.

B. *NN* noted that both *Djoe, Gene Copello* and *Laura Thomas* would be attending the HRSA-sponsored national Title i meeting later this month, and would be absent from the meeting of April 28.

C. *DJoe* circulated the mail folder.

VII. **Branch Chief's Report**: *Gene Copello* said that the AO had received confirmation from HRSA that the Ryan White '98-'99 application will be due on October 1, as expected. The prioritization process should be kept on schedule.

VIII. **Subcommittee Reports:**

A. **Membership Committee**: *NN* brought the council up to date on the process of recruiting new members, saying that announcements and applications have been distributed to all CARE-funded agencies in San Francisco, and to San Mateo and Marin. They also did mailings to media in the three counties and worked with the Human Rights Commission to target organizations that serve the Native American and transgender communities. The deadline for applications is Friday, April 18 at 5:00 PM. The Membership committee will meet next week, and bring recommendations to the meeting of April 24. *Diane Jones* asked how many seats were available; *NN* said that there were likely to be six. *Jeff Byers* asked if the open seats were reserved for certain groups. *NN* said that the populations targeted for membership were HIV+ women, youth, HIV+ individuals not affiliated with a CARE agency, Native American, transgender, and an advocate for the undocumented. *JB* asked what would happen if there weren't applicants in those categories; *NN* responded that the Membership committee would decide what to do. They would have the option of leaving the seats open and doing a targeted outreach; that's what the HIV Prevention Planning Council has done in the past. *JB* asked if the council was in compliance with HRSA regulations; *NN* said that it was. *BG* asked if there were any current members with poor attendance who were leaving the council; *NN* said that there were two delinquent councilmembers who were contacted by letter and several who were contacted by phone. The committee will report back any resignations.

B. **Committee on Committees:** *DJoe* and *Maria Ramos* presented the recommendations of the meeting of March 31, as shown on the back of the agenda. *DJoe* asked councilmembers to sign up for one of the five new committees. He asked members to break into small groups after the discussion in order to set a time for the next committee meeting and choose an acting representative for the April 21 Steering Committee meeting. *MR* noted that the Steering committee would be responsible for determining the content and structure of the small group discussions at the hybrid meetings.

Steve Lew asked whether small groups would be open to participation by guests; *DJoe* responded that guests would always be welcome to observe small groups, but that they would generally not be asked to speak. *NN* clarified that guests can fully participate at committee meetings, and speak during the public comment section of full meetings. *SL* suggested monitoring the small groups to ensure that all councilmembers were able to participate. *Barbara Garcia* said that the small groups might like to have more public comment. She then asked if the committee meetings had to be on Monday; *DJoe* said that they did not. *BG* asked if the times listed in the simple agenda in the recommendations could be made more flexible. *DJoe* said that the intention of the committee had been to keep the report back from small groups

brief and to not allow discussion to follow from it. *BG* asked how the new process would allow people to respond to the report-back from another small group. *MR* said that that would have to be addressed at the next full council meeting.

Tom Sinclair asked who would be on the Steering Committee; *DJoe* responded that it would include the co-chairs, the chairs of each of the committees, and an AO Branch Chief. All councilmembers would be welcome. *NN* added that representatives from all subcommittees would be needed. *SL* asked if there could be a mechanism to allow councilmembers to set the next agenda, perhaps after the report-backs. *Diane Jones* agreed, saying that the group should regard the hybrid meetings flexibly. The council wants small group discussion, and the Steering committee should be able to control the structure of those groups. Councilmembers who wish to help set the agenda can attend the Steering Committee meetings. DJoe said that the agenda for the hybrid meeting was flexible. *Mark Serpas* asked what the difference was between committee meetings and small group meetings. *DJoe* said that the small groups would not necessarily have the same composition as the committees. For instance, all of the small groups might address the same issue or group of issues. *MR* added that small groups would allow people to ask questions about the committee presentations. *DJoe* added that that will allow the full council meeting to run more smoothly. *JB* asked whether committee attendance would be mandatory; DJoe responded that the council's by-laws already require attendance at two council meetings and one subcommittee meeting each month. Attendance will be better enforced. *JB* asked whether the membership announcement apprises people of the time commitment; *NN* said that the announcements list attendance requirements and estimate 12-15 hours of work each month. *DJoe* noted that the committee chairs will have to attend four meetings each month. *Tom Calvanese* said that any councilmembers could attend Steering Committee meetings. He also said that the committee chair did not necessarily have to be the person who would report back to the full council, and asked when New Business would be included in the agenda. *DJoe* said that the recommendation was to have a single chair who would take responsibility for the committee and attend the Steering committee, but that anyone could report back. *DJones* said that she had originally wanted fewer meetings, and that the council should acknowledge that this proposal essentially raises the standards of membership. She also asked that the Steering committee keep an eye on how well the new process is working. She doesn't want to see the council losing participation through attrition. *DJoe* said that the Membership committee would keep track of all attendance. *SL* said that it wouldn't necessarily be a negative outcome if the higher standards encourage some people to leave the council. *WC* said that the current discussion of proposals by the full council is unworkable, and that the true work of the council must occur in committees.

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SL moved to accept the recommendations; *DJones* seconded. *MS* asked when the proposal would take effect; *NN* responded that the Steering would meet on April 21, and that the new structure would be followed in May. *BG* asked how this new structure could be changed if it turns out to be ineffective, and how new business could be added to the agenda. *DJoe* suggested that both of those concerns could be handled at the Steering Committee. *TC* made a friendly amendment to add New Business to the sample agenda in the proposal, and to set a six month time frame for reevaluation of the new structure. *WC* suggested that the re-evaluation be handled by the steering committee; *NN* suggested that the Steering Committee report back to the council on the success of the new structure within six months. *JB* noted that that May 26, the fourth Monday in May, is a holiday, and asked how that would affect meeting dates; *NN* said that the Committee on Committees had addressed that concern but had not come to a decision about it. *DJoe* said that the choice to reschedule or cancel the May full council meeting would be made at the April 21 Steering Committee meeting. *SL* said that he would accept the addition of New Business to the agenda for the hybrid meeting, with the understanding that new items could be referred to the Steering Committee. The motion passed [2].

GC listed the AO representatives for the committee meetings: *Tia Martinez* for Planning; *Judith Klain* for Prioritization; *Russ Zellers* for Evaluation and Assessment; *Billy Pick* for Community Input; and *Louis Sands* for the Housing Task Force. No representative has been assigned to the Membership committee at this time.

IX. **Review and Approval of Agenda:** *Rita Times* moved to approve; *Barry Savage* seconded. The motion passed unanimously.

X. **Review and Approval of Minutes of 3/24/97:** The minutes of 3/24/97 meeting will be approved at the meeting of April 28.

XI. **New Business**

A. *SL* provided a heads-up on the services subcommittee of the President's Advisory Council. The effects of triple-drug therapy on utilization are being looked at on a national level. HHS will be releasing new guidelines on standards of care for providers. In addition, HRSA will be convening a dialogue this summer on the effect of new drug therapies on the Ryan White service spectrum. The Rand Group will be conducting a 12-city study of service utilization, tracking the health status of three or five thousand clients over the long term. *Tom Sinclair* asked when the results of that study would be available; *SL* said that he didn't know. *TS* said that the new standards of care should be examined very closely.

B. *TC* asked *GC* when the budget detail would be provided to the council. *GC* replied that that report had not been completed, since the AO is still waiting for information on unexpended funds from contractors and information from the General Fund.

C. *JB* asked if *GC* wanted to address the results of the most recent budget hearings in Sacramento. *GC* asked *JK* to report back. *JK* said that on April 7, both the State Senate and Assembly held hearings on the Governor's proposal to cover the deficit in California ADAP by asking the state's EMAs to contribute $12.9 million from their Ryan White funding. Key committees of both houses voted to instead cover the shortfall with money from the state's General Fund.

JB added that the State AO was working to add new drugs to the state ADAP formulary. The decisions to add drugs to the formulary is largely based on available funding. Drugs that are judged to have a smaller cost impact are approved more easily.

XII. **Small Groups:** The council broke up into committees to discuss the date of the next meeting. The results of the small groups were as follows:

MEMBERSHIP COMMITTEE:

Tuesday, April 21, 5:00 - 7:00 PM
Wednesday, May 7, 4:00 - 6:00 PM
AIDS Office 5th floor conference room

Dee Hampton (steering representative)
Barbara Garcia

PLANNING COMMITTEE:

Thursday, May 1, 4:00 - 6:00 PM
AIDS Office 5th floor conference room

Steve Lew (steering representative)
John Conley
John Gressman
Danny Joe

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PRIORITIZATION COMMITTEE:

Monday, May 5, 11:00 AM - 1:00 PM
AIDS Office 5th floor Training Room A

Tom Sinclair (steering representative)
Diane Jones
Rita Times

VALUATION AND ASSESSMENT COMMITTEE:

Tuesday, May 6, 5:30 - 7:30 PM
AIDS Office 5th floor conference room

Will Carter (steering representative)
Tom Calvanese
Carol Gong
Alissa Riker
Barry Savage

COMMUNITY INPUT COMMITTEE:

Thursday, May 8, 2:30 - 4:30 PM
AIDS Office 5th floor Training Room A

Mark Serpas (steering representative)

P = Present; **A** = Absent; **E** = Excused Absence; **L** = Leave of Absence; **Y** = Yes; **N** = No; **B** = Abstain

	[1]	[2]		[1]	[2]		[1]	[2]		[1]	[2]
Marianna Balquiedra	A		Mariam Farooq	A		John Henry Kouba	A		Chris Sayer	A	
Jeff Byers	P	Y	Barbara Garcia	P	Y	Steve Lew	P	Y	Mark Serpas	P	Y
Virginia Cafaro	A		Carol Gong	P	N	Norm Nickens	P		Thomas Sinclair	P	Y
Tom Calvanese	P	Y	John Gressman	P	Y	Wayne Peace	A		Laura Thomas	E	
William Carter	P	Y	Dee Hampton	P	Y	Carmen Portillo	A		Rita Times	P	Y
Bart Casimir	A		Danny Joe	P	Y	Alissa Riker	P	Y	Mary Jane Wood	E	
Michael Chesek	E		Diane Jones	P	Y	Joy Rucker	A				
Pat Christen	A		Susan Karp	A		Barry Savage	P	Y			

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Mayor's HIV Health Services Planning Council

April 28, 1997
San Francisco AIDS Foundation
10 United Nations Plaza, 6th Floor Conference Room

Agenda

I.	Call to Order	4:30 PM
II.	Roll Call	
III.	Review and Approval of Agenda	
IV.	Review and Approval of Minutes of 3/24/97 & 4/14/97	
V.	General Announcements	
VI.	Evaluator's Report	
VII.	Public Comment	
VIII.	Co-chairs Report -- Discussion of Bylaws	
IX.	Subcommittee Reports	
	A. Membership Committee: VOTE on Committee Recommendations	
	B. Steering Committee: Report	
	C. Housing Task Force: Scheduling of Next Meeting	
X.	New Business	
XI.	Adjournment	7:30

Up-coming Meetings:

May 1, 1997 - Planning Committee, AIDS Office, 5th Floor Conference Room, 4-6 PM
May 5, 1997 - Prioritization Committee, AIDS Office, 5th Floor Training Room A, 11 AM - 1 PM
May 6, 1997 - Evaluation Committee, AIDS Office, 5th Floor Conference Room, 5:30 - 7:30 PM
May 7, 1997 - Membership Committee, AIDS Office, 5th Floor Conference Room, 4 - 6 PM
May 8, 1997 - Community Input Committee, AIDS Office, 5th Floor Training Room A, 2:30 - 4:30 PM

San Francisco AIDS Foundation:
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San Francisco Department of Public Health AIDS Office:
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Mayor's HIV Health Services Planning Council

April 28, 1997

Minutes of Meeting

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I. **Call to Order:** 4:50 PM

. **Roll Call [1]**

III. **General Announcements:**

A. *Diane Jones* announced the upcoming one-day strike at Visiting Nurses Hospice, saying that VNH is a major CARE contractor and that there are many issues raised by this action. She asked councilmembers to contact her for more information. She also announced a forum at the AIDS Office on issues for multiply diagnosed PWAs that will be held on May 28 from 5:00 to 7:00 PM. The forum will include both researchers and front-line providers.

IV. **Evaluator's Report:** *Kevin Roe* distributed the Evaluator's report. He noted that the form to collect evaluation data has changed slightly.

V. **Public Comment:** *Norm Nickens* called for public comment; there were no members of the public wishing to comment.

VI. **Co-Chairs' Report:**

A. **Correspondence File:** *NN* circulated the correspondence file, noting that among its contents was a letter from *Gene Copello* stating that he has accepted a position with an AIDS service agency in Florida, and that he will be leaving the AIDS Office on May 30. *Steve Lew* asked who would be providing the Branch Chief's Report to the council; *NN* said that it would likely be himself or *Michelle Dixon*.

B. **By-Laws Revision:** *NN* stated that the by-laws revision containing changes to the grievance process submitted to HRSA last October has not been accepted. This planning council was one of the first to submit those changes; no planning council in the country has yet reached agreement on an acceptable grievance process. HRSA has provided some new written guidance. The Steering Committee has recommended that the matter be brought before the council to determine whether there is interest in forming a task force to draft recommendations. *Tom Calvanese* and *William Carter* volunteered to serve on such a task force. *Bart Casimir* asked that all co-chairs sign the proposed revisions. The meeting was set for May 6, from 4:00 to 5:30 PM at the AIDS Office. *TC* asked if there needed to be a 30 day period between the notification of the changes and the council's vote; *NN* responded that the council had been notified that there would be an upcoming vote at the April 14 meeting. It will be eligible for a vote at the May 19 meeting, which is the latest that it can be held before HRSA's June 1 deadline. Copies of HRSA's model grievance procedure were made available to interested members. *WC* encouraged councilmembers to attend the May 6 meeting. *TC* suggested that councilmembers unable to attend submit comments in writing. *SL* asked whether the agenda of the May 6 meeting would be limited to the grievance procedure; *NN* said that it would.

C. **Budget Report:** *TC* asked when a budget report detailing the amount of unexpended funds from the '96-'97 funding year would be available; *NN* responded by distributing a memo from *Pat Johnson*, explaining that agencies can still submit invoices up to 45 days after the end of the CARE year, which is May 15. A final figure for unexpended funds will not be available until July 15. *TC* said that in the previous years, decisions about unexpended funds had to be made before the end of the CARE year, and asked what would happen to those funds this year. *NN* responded that this year the funds will be rolled over to the next funding year. *Mary Jane Wood* noted that the only year in which the decisions had to be made before the end of the funding year was Year 5 (1996), when the decision had to be made by March 30. In the past, the decision has been made by the Evaluation Committee. The funds have been used for fixed-asset purchases and for ADAP in the past. *Jim Illig*, chairman of the HIV Contractor's Association, noted that most contractors have been refused contract modifications in the fourth quarter of the funding year. There are therefore many contractors who will have unexpended funds. *JI* asked why the AO has not worked with contractors to help them spend down their contracts. *NN* said that the AO planned to be more firm about refusing contract modifications after the third quarter. *TC* asked *JI* if the Contractor's Association could discuss the issue and bring back a report to the meeting of May 19. *JI* responded that the Contractor's Association could discuss the issue at their meeting of May 2. He added that for both of the last two years, the AIDS Office had worked to help contractors spend down their full contract amount. *NN* said that *JI* would be added to the agenda for the May 19 meeting. *DJ* said that this discussion would be more suited to the evaluation committee. *NN* said that the knowledge of whether rollover would be permitted changes the atmosphere dramatically.

II. **Adjournment:** *Rita Times* moved to adjourn, in the absence of a quorum. *TC* made a friendly amendment to allow distribution of committee minutes and scheduling of the next Housing Task Force meeting. *RT* accepted the amendment. *Dee Hampton* called the question; the motion failed [2].

III. **Subcommittee Reports:**

A. **Membership Committee:** *DH* distributed the minutes of the meeting of April 22 and presented the recommendations of the meeting. *NN* and *SL* also described the meeting. *MJW* asked whether applications for membership had been received from all three counties of the EMA. *NN* said that there had been several applications from San Mateo, one from Marin,

and one from Santa Clara County. He added that there had been a total of 32 applications. *MJW* asked whether the application process had been opened up only for HIV+ women, or for all groups; *NN* responded that all groups could respond. *SL* said that he felt that the decision had been that only HIV+ women could still apply; *NN* said that the point may be moot, since the category for which new applications would be considered is HIV+ women. *DH* mentioned that the committee had yet to make a decision on expanding the size of the council. *BC* asked how one gets an excused absence; *Robert Schonberg* responded that one should call him at (415) 777-3229. *SL* noted that excused absences would still count towards the total of four absences in a quarter that would call for dismissal.

WC said that while he did not want to criticize the work of the committee, he was not pleased with the recommendations. The council would be a better place with fewer representatives of providers and more representatives from the groups targeted for application. All councilmembers should work together towards that goal. *NN* said that the next Membership Committee meeting would be held on May 5 from 4:00-6:00 PM at the AO, and that the agenda would include filling any available vacancies. the attendance policy, and the size of the council. *SL* noted that the increased size of the council would only increase the number of mandated slots. *DJ* said that the work of outreach was difficult and that the standards for council membership are high. The outreach that was conducted was passive, and works well in getting provider representation and not so well for other kinds of representation. *TC* said that he would support more active outreach. *NN* urged councilmembers to attend the Membership Committee meeting if they wished to discuss this topic. *WC* asked councilmembers to considered what they could to outside the meetings to increase representation. *DH* said that the Membership Committee would try to be more creative. *MJW* took exception to the tone of the discussion towards councilmembers who had missed meetings. She said that she has had excellent attendance in the past but has missed several of the past few meetings.

B. **Steering Committee:** *DJ* distributed the minutes of the meeting of April 21 and described what occurred. She noted in particular that the meeting of May 26 had been canceled due to the holiday. The Steering Committee will set the agenda for the May 19 full council meeting at its meeting of May 12. She also read the questions included with the Steering Committee minutes to be answered by the standing committees at their May meetings. Furthermore, the committee recommended that requests for information for the AO should be directed to the AO representatives of the committees. The next Steering Committee meeting will be held May 12 from 5:00-7:00 PM at the AO. New member orientation will also be on the agenda of that meeting. *NN* noted that the groundrules for the HIV Prevention Planning Council committees were included with the packet for this meeting for consideration on the topic of committee groundrules.

C. **Housing Task Force:** *Joy Rucker* said that she had received a call from Don Chamberlain of AIDS Housing in Washington to ask when the next Housing Task Force meeting would be. The meeting will be held on May 13 from 5:00-7:00 at the AO. *JR* urged all interested councilmembers to attend.

IX. **Adjournment:** The council adjourned at 6:05 PM

P = Present; **A** = Absent; **E** = Excused Absence; **L** = Leave of Absence; **Y** = Yes; **N** = No; **B** = Abstain

	[1]	[2]		[1]	[2]		[1]	[2]		[1]	[2]
Marianna Balquiedra	A		John Conley	P	Y	Susan Karp	P		Barry Savage	A	
Jeff Byers	P	N	Mariam Farooq	A		John Henry Kouba	A		Chris Sayer	A	
Virginia Cafaro	P	N	Barbara Garcia	A		Steve Lew	P	Y	Mark Serpas	P	N
Tom Calvanese	P	Y	Carol Gong	A		Norm Nickens	P		Thomas Sinclair	A	
William Carter	P	Y	John Gressman	A		Wayne Peace	A		Laura Thomas	E	
Bart Casimir	P	Y	Dee Hampton	P	N	Carmen Portillo	E		Rita Times	P	Y
Michael Chesek	A		Danny Joe	E		Alissa Riker	P	N	Mary Jane Wood	P	N
Pat Christen	A		Diane Jones	P	N	Joy Rucker	P	Y			

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MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL

May 19, 1997

San Francisco AIDS Foundation, 10 U.N. Plaza, 6th Floor Conference Room

AGENDA

I.	Call to Order	4:30 PM
II.	Roll Call	4:35
III.	Review and Approval of Agenda	
IV.	Review and Approval of Minutes of 3/24/97, 4/14/97 & 4/28/97	4:40
V.	General Announcements	4:45
VI.	Evaluator's Report	4:50
VII.	Public Comment	4:55
VIII.	Branch Report	5:00
IX.	Co-chairs Report -- Report back from HRSA Meeting	5:05
X.	Subcommittee Reports	
	A. Bylaws Revision Task Force: VOTE on revised Grievance Policy	5:15
	B. Community Input Committee: Report	6:15
	C. Evaluation Committee: Report	6:25
	D. Housing Task Force: Report	6:35
	E. Membership Committee:	6:45
	1. VOTE of Leave of Absence Request	
	2. VOTE on recommended removal of members for violation of attendance policy	
	3. VOTE on recommended nomination of new members	
	4. Discuss proposed Bylaws Amendment to increase Council size from 36 to 40	
	F. Planning Committee: Report	7:45
	G. Prioritization Committee: Report	7:55
	H. Steering Committee: Report	8:15
XI.	New Business	
XII.	Adjournment	8:30

Up-coming Meetings:

May 19, 1997 - Prioritization Committee, AIDS Office, 5th Floor Training Room-B, 2:00 - 4:00 PM
May 22, 1997 - Community Input Committee, AIDS Office, 5th Floor Training Room-B, 2:30 - 4:30 PM
June 2, 1997 - Prioritization Committee, AIDS Office, 5th Floor Training Room-A, 11 AM - 1 PM
June 3, 1997 - Evaluation Committee, AIDS Office, 5th Floor Conference Room, 5:30 - 7:30 PM
June 4, 1997 - Membership Committee, AIDS Office, 5th Floor Training Room-A, 4 - 6 PM
June 9, 1997 - Steering Committee, AIDS Office, 5th Floor Conference Room, 5:00 - 7:00 PM
June 16, 1997 - Hybrid Planning Council, SFAF, 10 UN Plaza, 6th Fl. Conference Rm, 4:30 - 7:00 PM
June 23, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 7:00 PM
June 30, 1997 - Planning Council, TBD

San Francisco AIDS Foundation, 10 United Nations Plaza:

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San Francisco Department of Public Health, AIDS Office, 25 Van Ness:

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Mayor's HIV Health Services Planning Council

May 19, 1997

Minutes of Meeting

I. **Call to Order**: 4:40 PM

II. **Roll Call [1]**

III. **Review and Approval of Agenda:** *Tom Sinclair* moved that the agenda be approved with the amendment that the Prioritization Committee report be the first committee report; *Rita Times* seconded. The motion passed unanimously.

IV. **Review and Approval of the Minutes of 3/24, 4/14 and 4/28.** *SL* moved to approve the minutes of the 3/24 meeting; *RT* seconded. The motion passed with *SL, Mary Jane Wood, William Carter,* and *Dee Hampton* abstaining. *Mark Serpas* moved to approve the minutes of the 4/14 meeting with the amendment that he not be listed as the Steering Committee representative for the Community Input Committee. The motion passed with *WC* and *Carmen Portillo* abstaining. *SL* moved to approve the minutes of the 4/28 meeting; *DH* seconded. The motion passed with *WC, CP, RT,* and *Barbara Garcia* abstaining.

V. **General Announcements:**

A. *Diane Jones* announced a forum at the AIDS Office on issues for multiply diagnosed PWAs that will be held on May 28 from 5:00 to 7:00 PM. The forum will include both researchers and front-line providers. She distributed a flyer.

B. *Danny Joe* noted that the Planning Committee would meet May 30 from 4:30 to 6:30 at the AIDS Office.

VI. **Evaluator's Report:** *Kevin Roe* distributed the Evaluator's report. He noted 14 of the 19 telephone interviews with councilmembers had been completed.

VII. **Public Comment:** *Norm Nickens* called for public comment; there were no members of the public then wishing to comment. *Tom Calvanese* asked that public comment be reopened before the votes later in the meeting.

VIII. **Branch Chief's Report**: *NN* said that *Gene Copello* had left the AIDS Office. A position announcement should be released on Wednesday. *NN* will be acting as Branch Chief in the interim, and will fulfill GC's role on the CARE Council. He and Dr. Mitch Katz are preparing a report on the CARE budget for last year and this year to be presented at the June 16 meeting. *WC* asked how that report would mesh with the scheduling of prioritization; *DJones* said that that would be resolved by the Steering Committee.

IX. **Co-Chairs' Report:**

A. **Report from HRSA Conference:** *DJoe* said that the meeting that he and *Laura Thomas* attended in Washington DC was very informative. Books on Title I and training were available. The Austin, TX planning council appears particularly well-organized and has much information available. *NN* noted that Austin has only four AIDS service providers.

B. **Correspondence File:** *NN* circulated the correspondence file, noting that it now contains an index of its contents.

X. **Committee Reports:**

A. **Prioritization Committee**: *Maria Ramos* went around the room collecting the member information forms that were distributed prior to the meeting. *TS* explained that the information would be used to organize small group discussions more effectively. He said that he would report on the meetings of May 5 and May 19. The committee determined a list of specific questions to ask of each of the eighteen services categories, which can be grouped in the following areas:

1. What has changed, if anything, in this service category?
2. What questions need to be answered?
3. What new services will exist in this category?

The committee identified seven service categories to examine in detail: Case Management, Mental Health Services, Housing, Substance Abuse Services, Hospice, Buddy/Companion, and Ambulatory Care. *TS* requested that the Steering Committee hold an additional meeting in the week of May 26 in order to begin developing a timeline and to coordinate the committees. *DJones* noted that *Judith Klain* has developed a timeline for prioritization that needs to be put into effect as soon as possible. *TS* said that the Prioritization Committee would next meet on June 2 and would then begin to answer the above questions for the above service categories. He added that prioritization would be the main task of the council in the coming months. *DJones* circulated a sheet to collect information on the summer vacation plans of councilmembers. *TC* asked that the council wait until after the other committee reports to decide whether to hold an additional Steering Committee meeting.

B. **By-Laws Task Force:** *NN* reminded the council that the revised 1996 CARE Act mandates that planning councils adopt grievance procedures that include informal mediation, formal mediation, and binding arbitration. The council approved a new grievance procedure in October that was subsequently rejected by HRSA. HRSA had not accepted any council grievance procedures from any planning council until this month, when they approved the procedures for the Chicago and

Cook County council. *NN* has revised the San Francisco EMA planning procedure, taking into account the Chicago procedures and discussions with *TC* and *WC*. HRSA mandates that the procedures be put into effect on June 1.

MS said that the phrase "persons living with AIDS/HIV coalitions" in Section II was confusing; *NN* said that the language could be changed, but that the effect of the passage was to allow any individual to file a grievance. *MS* asked whether more types of grievances could be added to Section IV; *NN* replied that the existing types are the mandated minimum of what can be grieved, but that they cover virtually all the decisions of the planning council. *MS* asked about replacing the word "appeal" with "grievance" throughout Section V and VI; *NN* said that that would be acceptable. *SL* asked how a date 10 days after a council action would be determined; *NN* said that it would be 10 days after the date of an award. *SL* noted that that would limit grievants to persons who were aware of council processes and actions. *MJW* noted that the old grievance procedure mandated a panel made up of one representative of each county in the EMA, and asked if that had been removed. *NN* responded that council decisions, when grieved, would be arbitrated by a panel of three of which one member had been selected by the director of each health department of the three counties. When the grantee action is being grieved, one member of the panel would be appointed by the director of the San Francisco DPH, although that would not prevent them from being from another county.

WC said that he does not admit of any ownership of the proposed procedures. The original procedures mostly addressed instances in which service providers would grieve council decisions, but the more important situation is that of the council grieving the decisions of the grantee. In the past year, that has been the more common situation, and currently there is no recourse if the council and the grantee disagree. Impartial arbitration is needed, as is PWA participation. *MS* said that the substantive problem that he had with the proposal is that it does not specify that the arbitrators have experience or training in arbitration, but rather that they are knowledgeable in the fields of health care and AIDS. It would be far better to get impartial professional arbitrators than people who know about health services. *NN* noted that the current proposal mandates that one of the three arbitrators be a person with HIV. He added that he had intentionally not specified that the arbitrators be professional in an attempt to keep costs reasonable. Another option would be to go to a group like the AIDS Legal Referral Panel for skilled arbitrators. *MS* asked how it would be assured that the arbitrators would be professional. *NN* said that he had intended not to professionalize that process. *Pat Christen* asked what the advantage of professional arbitrators would be; *MS* said that they would be more impartial and more skilled. *NN* asked if requiring that the arbitrators be familiar with the process of arbitration would be acceptable; *MS* replied that he would prefer that they be trained and experienced, and suggested several professional arbitration groups that could be contacted. *SL* suggested that the proposal specify that arbitrators be experienced, but not necessarily trained. He then asked whether the Evaluation and Assessment committee was prepared to assume the role of determining if a grievance had merit. *NN* said that he assumed that it did. *MJW* said that she had brought up that possibility at a previous meeting. *WC* asked that it not be assumed that the committee would take on that responsibility. *SL* said that it was important that some committee be charged with that responsibility.

TC said that he had problems with the proposal, but that he did not know how to proceed. He felt that all of his concerns were not addressed in the proposal, and that the timeline to approve it was too tight. The earlier procedures were rejected by HRSA in January; why hasn't this come to the council sooner? The upcoming prioritization decisions are likely to be grieved; a flawed grievance procedure will then be disastrous. The proposal needs to specifically address the process by which the council can grieve the grantee. Further, how can the Evaluation and Assessment Committee mediate grievances, since it will of necessity be partial? *NN* said that the Evaluation and Assessment Committee would handle informal mediation. *TC* said that he preferred the Chicago procedures. *Jeff Byers* noted that none of the California EMAs had yet completed their grievance procedures. *TS* asked if the proposal had been through committee. *NN* responded that the need to submit new procedures had been first mentioned at the April 14 meeting. All available materials were distributed at the April 28 meeting, and a Task Force meeting was set for May 6. Although *NN* was the only councilmember to attend that meeting, he subsequently met with *TC* and *WC* to discuss the issue. The proposal was sent to all councilmembers on May 13. *TS* said that the decision should be postponed until after the prioritization process.

NN said that one option before the council would be to vote to adopt these revisions provisionally and further refine them in committee. *WC* asked how the procedures would then be revised. *NN* said that a newly revised version could be submitted with the HRSA application in October. *BG* suggested that the council go through the procedures section by section in the time remaining in order to come up with a version that was acceptable. She said that it felt as if there were competing agendas being promoted surreptitiously. *SL* agreed, and said that there did have to be more specific provisions for council disagreement with the grantee. *TC* said that while the HRSA guidance has been referred to as vague, it is actually quite clear in stating what is required. He said that the meeting on May 9 was the first time councilmembers had sat down together to review the procedures, and that that had been too late. He would like to see the Chicago version adopted with the amendment of more specifics on the council grieving the grantee and a removal of the provision that half of the costs of arbitration be paid by the grievant. He asked how serious it would be if the council did not submit a new procedure by June 1. *NN* said that it could result in loss of funding, and that it was an unacceptable risk. *WC* said that

personal agendas were not involved. There have been real conflicts in the past year that would have been better handled by a formal grievance process. *DH* said that she felt that the council as a group did not have grievances with the grantee. *NN* noted that the proposal allowed any individuals to file a grievance, unlike some procedures that only allowed groups to file grievances. *PC* said that non-compliance with HRSA mandates could have grave consequences given the perception by many in HRSA that the SF EMA gets too much funding. She asked that the council acknowledge the work that had gone into the proposal and asked that the discussion be less confrontational.

PC then suggested that the council take 10 minutes to go over the Chicago proposal closely and try to reach an acceptable proposal. The Chicago proposal has the advantage of being much more complete. *NN* said that he agreed that the Chicago proposal was much clearer, and that he would approve of a revision of it. *PC* moved that the council go through the document aggressively and vote up or down on any changes to it, and then vote once on the document as a whole at the end. *NN* suggested that *MR* facilitate that process. *JC* seconded the motion. *TS* said that that seemed like too much work to do in the full council meeting. *SL* called the question; the motion passed unanimously.

Under the facilitation of *MR*, the council then went over the Chicago proposal line by line. The time allotted to this task was extended several times, and a ten-minute break was taken in the course of the discussion. All changes to the Chicago procedures were reached by consensus, with the exception of the assignment of costs to the grievant. A show-of-hands vote was taken to determine whether the costs of arbitration would be paid by the grievant on a sliding scale. or whether the greivant would pay no costs; *WC* alone supported the latter position. All changes are reflected in the attached "Revised By-Laws for the Mayor's HIV Health Services Planning Council." ***JC* moved to approve the grievance policy by-laws, as amended, subject to final review by the Steering Committee at their meeting of the week of May 26.** The motion passed unanimously [2]. The Steering Committee meeting date was set for May 27, from 6:00 to 8:00 PM at the AIDS Office.

C. **Membership Committee:** *DH* presented the first recommendation of the committee, which was to approve the following seven individuals as new members:

Kirsten Balano, representing the AIDS Education and Training Centers;

Ron Hill, who sits on the Health Commission;

Mark Dunlop, of the San Francisco Redevelopment Agency;

Gene Gowdey, representing the Dental Reimbursement Program;

Ron Reynolds, of the Larkin Street Youth Center;

Kelly Wallace, representing Marin County;

James Abrams, of the Native American AIDS Project.

TS asked whether all of the open positions were mandated seats; *DH* replied that they were either mandated by HRSA or by the council by-laws. ***SL* moved to accept the recommendations;** *BG* seconded. *TC* said that he had an alternate recommendation in mind, but that he would not submit it yet. He said that he had attended the Membership Committee meeting, at which there was discussion about the possibility of expanding the size of the council to 40 members. The committee also approved of *Veronika Cauley* and *Brett VanBenschoten,* but decided to reserve their nominations until such time that there are additional open vacancies on the council. *TC* that it was his understanding that there would in fact be nine open seats on the council, and that he would like to vote to approve all nine names.

NN clarified the current composition of the council. There are 36 seats on the council, and there are seven vacancies resulting from the resignations of *Thomas Lee Eades*, *John Dean Green*, *John Henry Kouba*, *Janet Nassar*, *Wayne Peace*, *Chris Sayer*, and *Mario Valdez*. The Membership Committee has recommended the removal of two members for attendance policy violation; so that the number of available seats could be from seven to nine. *DJoe* suggested that *SL*'s motion be tabled so that *DH* could present the next recommendation.

DH said that the council recommended the removal of *Melissa Marsh*, *Wayne Peace*, and *Carmen Portillo* for attendance policy violations, specifically that they missed four meetings in the first quarter of 1997. *NN* noted that *WP* had resigned earlier that day. *MM* has not responded to contact by telephone or mail. *CP* said that she had been on sabbatical for the past semester, and that she had been attending committee meetings. *WC* said that he would like *CP* to remain on the council. *DH* said that she membership committee felt that they had to remain consistent with the policy that missing four meetings in one quarter is grounds for dismissal, and that they had taken into consideration the circumstances of *CP*'s absence. *BG* added that the committee had felt that it was important to uphold the process of dismissal, but that the members to be dismissed be contacted and given an opportunity to appear before the council. *SL* presented a new motion **to remove *Melissa Marsh* from the council and approve a retroactive leave of absence for *Carmen Portillo*.** *MJW* seconded the motion. *TS* asked *CP* if she planned to attend meetings in the future; she responded that she did. The motion passed [3].

NN noted that there were now eight open seats. *DJoe* brought *SL*'s first motion back to the table. *BG* asked that the council vote on the seven nominees of the full Membership Committee and accept new nominations from that committee at the next meeting. *DJoe* said that he had received a request to reopen public comment, if that was acceptable to the council. *Bill Hershon*, former councilmember, spoke in support of *Mark Dunlop*. *SL* clarified that his original motion was still to accept the committee's recommendation. *WC* said that he could not accept the current recommendation, because this list of names does not adequately reflect the categories that were specified in the nomination forms, and tha the current nominees were too closely connected to service providers. The history of the council has been to fill the mandated seats first and make unaffiliated consumers a lesser priority, and that process has been unacceptable. *BG* said that the membership committee agrees that there should be more unaffiliated consumers on the council, which is why they have recommended a by-laws change to increase the size of the council to 40 members.

TC said that the membership committee had considered the other candidates, and that the only reason that the committee recommended those particular names was because they came first in alphabetical order. He said that the other mandate of the council was to reflect the demographics of the epidemic in the EMA, and that the current council does not. Some of the seats that are being spoken of as mandated are in fact merely traditional choices. He proposed a **substitute motion that would change the list of nominations by removing *James Abrams* and adding *Veronika Cauley* and *Brett VanBenschoten***. He said that his proposal would meet the HRSA mandate and give more consumer representation. *MS* said that he liked the substitute motion, and asked for more information about *James Abrams*. *DH* noted that *James Abrams* works at the Native American AIDS Project, and is HIV-positive. She added that the only decision based on alphabetical order was to send the recommendation of *James Abrams* to the council at this meeting and to delay the recommendation of *Veronika Cauley* and *Brett VanBenschoten*. *PC* said that the process of reporting out needs to be better organized, but that *TC*'s proposal was a good one. *CP* said that the council's goal was to have more of the work done in committee, and that the substitute motion should be rejected and the committee's work honored. *Mariam Farooq* said that more women with HIV should be added to the council. *TS* spoke against the substitute motion, saying that disagreements from the committee should not be brought to the full council. *DH* called the question. The substitute motion was voted on and failed [4].

MF asked how many of the original nominees were people of color; *DH* responded that one was. *SL*'s motion to approve the committee's original seven new members was voted on and passed [5].

DH said that the final recommendation of the council was to **approve a leave of absence request for *Michael Chesek* for the months of April and May**. *NN* clarified that *MC*'s request had been received by the co-chairs in a timely fashion. *DH* moved to approve the leave; *MJW* seconded. The motion passed unanimously.

DH said that the Membership Committee had also recommended a by-laws revision to increase the size of the council to 40 members; *NN* said that that recommendation would be voted on at the June 16 meeting. The next Membership Committee meeting will be held June 4 from 4:00 to 6:00 PM.

XI. **Adjournment:** The council adjourned at 8:30 PM.

P = Present; **A** = Absent; **E** = Excused Absence; **L** = Leave of Absence; **Y** = Yes; **N** = No; **B** = Abstain

	[1]	[2]	[3]	[4]	[5]		[1]	[2]	[3]	[4]	[5]		[1]	[2]	[3]	[4]	[5]
Marianna Balquiedra	E					Barbara Garcia	P	Y	Y	N	Y	Carmen Portillo	P	Y	B	N	Y
Jeff Byers	P	Y				Carol Gong	A					Alissa Riker	P	Y	Y	Y	Y
Virginia Cafaro	P	Y	Y			John Gressman	P	Y	Y			Joy Rucker	E				
Tom Calvanese	P	Y	Y	Y	B	Dee Hampton	P	Y	Y	N	Y	Barry Savage	E				
William Carter	P	Y	Y	Y	N	Danny Joe	P	Y	Y	Y	Y	Mark Serpas	P	Y	Y	N	Y
Bart Casimir	E					Diane Jones	P	Y	Y	N	N	Thomas Sinclair	P	Y	Y	N	Y
Michael Chesek	L					Susan Karp	P					Laura Thomas	E				
Pat Christen	P	Y	B	Y	Y	Steve Lew	P	Y	Y	N	Y	Rita Times	P				
John Conley	P	Y	B	Y	Y	Melissa Marsh	A					Mary Jane Wood	P	Y	Y	N	Y
Mariam Farooq	P	Y	Y	N	N	Norm Nickens	P										

The Council meets on the third and fourth Mondays of each month, at the time and place noted above. All are welcome and have the opportunity to comment on Agenda items. The site is fully accessible, and assistive hearing devices and signing are provided upon adequate future notice. Minutes of meetings and all information distributed to Council members are available for inspection and copying. For further information, contact the Council's staff, 554-9136. For requests for excused absences, call Robert Schonberg at 777-3229. *Minutes of meetings are tentative until formally approved by the council.*

Dixon

MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL

June 16, 1997

San Francisco AIDS Foundation, 10 U.N. Plaza, 6th Floor Conference Room

AGENDA

I.	Call to Order		4:30 PM
II.	Roll Call		4:35
III.	Review and Approval of Agenda		
IV.	Review and Approval of Minutes of 5/19/97		4:40
V.	General Announcements		4:45
VI.	Evaluator's Report		4:50
VII.	Public Comment		4:55
VIII.	Co-chairs Report -- Report back from HRSA Meeting		5:05
IX.	Subcommittee Reports		5:15
	A. Community Input Committee: Report – TC		
	B. Evaluation Committee: Report	*5:25*	
	C. Housing Task Force: Report	*5:35*	
	D. Membership Committee:	*5:45*	
	1. VOTE on Approval of Leave of Absence Request		
	2. VOTE on Bylaws Amendment to increase Council size from 36 to 40		
	3. VOTE on recommended nomination of new members		
	E. Planning Committee: Report	*5:55*	
	F. Prioritization Committee: Report	*6:05*	
X.	AIDS Office Report: Presentation of FY 96-97 Expenditures and Projected FY 97-98 Budgets		6:15
XI.	Small Group Discussions on Expenditures and Projected Budgets		7:00
XII.	Adjournment		7:30

Up-coming Meetings:

June 16, 1997 - Prioritization Committee, AIDS Office, 5th Floor Training Room-A, 11 AM - 1 PM
June 18, 1997 - Membership Committee, AIDS Office, 5th Floor Conference Room, 4 - 6 PM
June 19, 1997 - Community Input Committee, AIDS Office, 5th Floor Conference Room, 5 - 7 PM
June 23, 1997 - Prioritization Committee, AIDS Office, 5th Floor Conference Room, 11 AM - 1 PM
June 23, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 7:00 PM
June 26, 1997 - Planning Committee, AIDS Office, 5th Floor Conference Room, 4:30 - 6:30 PM
June 30, 1997 - Prioritization Committee, AIDS Office, 5th Floor Training Room-A, 11 AM - 1 PM
June 30, 1997 - Planning Council, To Be Determined
July 8, 1997 - Evaluation Committee, AIDS Office, 5th Floor Conference Room, 5:30 - 7:30 PM

San Francisco AIDS Foundation, 10 United Nations Plaza:

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San Francisco Department of Public Health, AIDS Office, 25 Van Ness:

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HIV HEALTH SERVICES PLANNING COUNCIL

June 16, 1997

The Minutes of this meeting are missing.

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MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL

June 23, 1997

San Francisco AIDS Foundation, 10 U.N. Plaza, 6th Floor Conference Room

AGENDA

I.	Call to Order		4:30 PM
II.	Roll Call		4:35
III.	Review and Approval of Agenda		4:40
IV.	Review and Approval of Minutes of 6/16/97		4:45
V.	General Announcements		4:50
VI.	Evaluator's Report		4:55
VII.	Public Comment		5:05
VIII.	Co-chairs Report -- Nomination of Co-chairs for July Election		5:15
IX.	AIDS Office Report: Status of Shallow Rent Subsidy Contract		
X.	Subcommittee Reports		
	A. Community Input Committee: Report	*5:25*	
	B. Membership Committee: Discussion of New Member Orientation	*5:35*	
	C. Prioritization Committee: Adoption of Timeline for Prioritization Process and Meetings -- VOTE	*5:45*	
XI.	Discussion of HRSA Alowable Catagories and Planning Council Support		6:05
XII.	Small Group Discussions		6:35
XIII.	Report Back from Small Groups		7:05
XIV.	Adjournment		7:15

Up-coming Meetings:

June 18, 1997 - Membership Committee, AIDS Office, 5th Floor Conference Room, 4 - 6 PM
June 19, 1997 - Community Input Committee, AIDS Office, 5th Floor Conference Room, 5 - 7 PM
June 23, 1997 - Prioritization Committee, AIDS Office, 5th Floor Conference Room, 11 AM - 1 PM
June 23, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 7:00 PM
June 26, 1997 - Planning Committee, AIDS Office, 5th Floor Conference Room, 4:30 - 6:30 PM
June 30, 1997 - Prioritization Committee, AIDS Office, 5th Floor Training Room-A, 11 AM - 1 PM
June 30, 1997 - Training Session "Meeting Facilitation", Support Center, 706 Mission, 5th Fl. 5:30 - 7:30
July 8, 1997 - Evaluation & Assessment Committee, AIDS Office, 5th Floor Conf. Room, 5:30 - 7:30 PM

San Francisco AIDS Foundation, 10 United Nations Plaza:

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Mayor's HIV Health Services Planning Council — June 23, 1997

Minutes of Meeting

I. **Call to Order**: 4:45 PM

II. Roll Call [1]

III. **General Announcements:** A.*Diane Jones* asked what happened to the summer schedule she circulated at the June 16 meeting. B. *Kirsten Balano* announced that the NIH and HHS have a new draft of the antiretroviral guidelines, and anyone who wants to see it can contact her. C. *Jude Kaye* announced her toolbox training on July 23, 5:30-7:30, and handed out a sheet for people to suggest topics to be covered.

IV. **Review and Approval of Agenda:** *Jeff Byers* moved to approve the agenda. *Laura Thomas* seconded. The motion passed, no abstentions.

V. **Evaluator's Report**: *Kevin Roe* made the following recommendations: 1. start at the scheduled time 2. older committee members should sit with new members to act as "buddies" 3. limit public comment, have some people submit written comments to save time during meetings 4. alternate the main business of the co-chairs to create a better balance and so that each practices facilitating 5. do not sacrifice small group discussion; this time is particularly important for people who are reluctant to speak to the entire assembly. *KR* also commended *Diane Jones* on her June 16 presentation, and noted that he had been given some suggestions on ways to modify his role as the evaluator.

VI. **Public Comment**:

A. *Michael Petrelis* distributed and read a letter he wrote to *Norm Nickens* regarding his denial of a rental subsidy by the SF AIDS Foundation. Mr. Petrelis also handed out a letter he wrote to Mike Salinas, of the Bay Area Reporter, regarding Pat Christen's appointment to the NAPWA board of directors.

B. *Hank Wilson* suggested an alternate system for PWA representatives and caregivers in which backups could step in when needed. The hope is that this would not only create a backup system, but also facilitate mentoring. Mr. Wilson also said that at the recent candlelight vigil he was disappointed by the number of non-PWAs who spoke, and feels that organizers of such events should more actively seek PWAs to speak and act as role models. Lastly, Mr. Wilson urged that income be considered when allocating housing subsidies.

C. *Bob Emerson*, president of the board at ABC, shared how advances in AIDS medical therapy are changing consumer social needs. Due to a decline in the AIDS-related death, ABC's caseload increased by >50% in the last 15 months, which results in long waits for job placement by Positive Resources (part of ABC) and has prevented ABC from filling requests for outpatient services to the Bayview, Hunters Point and Tenderloin areas. To offset this effect, ABC plans to fund additional positions with private money, but 3 more are needed to meet consumer needs. ABC also plans to expand Positive Resources by 5K/yr. Mr. Emerson requested that in prioritizing service categories for the coming fiscal year, the CARE council consider the increase in consumer needs and how it effects agencies such as ABC. He also noted that HHS has confirmed that CARE funds can be used for outreach and referral

VII. **Co-chairs' Report:**

A. **Co-chair nominations**: *NN* asked for co-chair nominations. *Will Carter* suggested delaying nominations due to the tight schedule. *NN* pointed out that formerly the co-chair elections were held in January, but this year were moved in the by-laws to the 1st week of July. *Steve Lew* agreed that the elections would be better at a later date, but stressed the need for current co-chairs to approve that decision. *NN* suggested tabling the issue and referring it to the steering committee. *DJ* and *Kelly Wallace* expressed agreement with *SL*. *Will Carter* motioned to table and refer it to steering committee. *John Conley* seconded and the motion passed with *Laura Thomas* and *DJ* abstaining.

B. **Shallow Rent Subsidy Contract**: *LT* explained that the Housing Task Force had previously discussed using money formerly allocated to the CHIPS program for shallow rent subsidies. A shallow rent subsidy is one which does not cover full housing costs, but a set dollar amount per month. *NN* said negotiations are in progress with a contractor to begin a shallow rent subsidy program, and a contractor has been identified for

this program. The contractor's main reservation is that, as funding is currently structured, they could not guarantee continuation of subsidies for their recipients after March 1998. Discussion of this concern continues, but the hope is to begin providing services in early-mid July. The two main issues in negotiations are now: the dollar amount given per subsidy, and whether the council is willing to consider this program in the prioritization process such that it is likely to be funded again in the coming year. *Barbara Garcia* asked if shallow rent subsidies can be used in hotels, i.e. housing need not be HUD approved, and if people from the CHIPS list would be used in the program. *NN* said yes, people from the CHIPS list would be awarded shallow rent subsidies on a sliding scale based on income and family size, and these subsidies could be used anyplace a CHIPS subsidy can. *LT* explained that shallow rent subsidies would be used in the interim while the recipient was awaiting approval for a full subsidy, not be considered a replacement for the full subsidy. *Bart Casimir* asked how the prioritization process can support this program specifically. *NN* replied that the assumption was that the council would increase funding to housing, specifically the area of subsidies. *WC* asked if the sliding scale used would be top down or bottom up. *LT* said HTF recommended that those earning more than 10K/yr be ineligible. *WC* and *DJ* expressed confusion about what the contractor hoped for in terms of assurance of funding continuation in the next fiscal year. *LT* replied that prioritization would need to include in discussion of the housing service category a section for shallow rent subsidies, or at least specify that the subsidy aspect of housing is not limited to full subsidies. The council must also ensure that enough money is allocated to the housing category to include an increase in subsidy funding, and that direction is given specifically for the use of a set amount of housing funds to be used in shallow rent subsidies. *Tom Calvanese* asked for some indication of a dollar figure for this program. *Rita Times* suggested that in the prioritization process the council could specify that unallocated money go to subsidies.

VIII. **Subcommittee Reports:**

A. **Community Input Committee:** please see written report submitted by *Tom Calvanese* (attached). In response to the committee's offer regarding written public testimony, *DJ* asked when contractor testimony would be made available to the council. *TC* responded that the hope was for written comment to be sent to council members prior to related discussions. *BC* reported further recommendations by the committee, formulated using the results from the PWA caucus: 1. AIDS Office put unallocated funds toward pre-postnatal and pediatric care 2. unallocated funds left over after CHIPS program and prenatal, postnatal and pediatric care go to emergency financial assistance (as defined by HRSA) 3. AIDS Office conduct sole source process in the selection of those who receive funding. The committee also requests an exact accounting of unallocated funds from AIDS Office at a later date. *RT* asked if, in discussions of perinatal care, the question is of continuation and elimination, or of the amount funded. *WC* said the goal is to avoid an interruption of service. *TC* further elaborated that the assumption is that the AIDS Office can estimate the dollar amount necessary to avoid an interruption. *TC* suggested a vote be held on the adoption of the three recommendations reported by *BC*. *NN* said that because no vote was calendared, *TC* could make a motion, but the vote would have to be calendared for the next meeting. *TC* expressed concern that the funds need to be allocated soon, and this fiscal year is only 11 months long. *WC* agreed that a vote should not be delayed. *BG* said she would prefer to hear other presentations before voting. *Pat Christen* said that holding a vote now would bypass the process.

B. **Membership Committee:** *Marchianna Balquiedra* distributed and reviewed the membership committee minutes from its June 18 meeting. These included a buddy program recommendation in which new council members would be assigned 2-3 individuals to help acclimate them to the process, and a recommendation that informal meetings be held before full council meetings for people to ask questions related to the agenda. The committee also expressed concern about poor committee meeting attendance. *MB* also encouraged members to keep in mind the deadline of September 30, and that the AIDS Office needs at least 45 days. *NN* said he thought 4:00-4:30 before council meetings was already set aside as a time for members to review the agenda, and if people want to form a buddy system that would be a good time for it to happen, but people need to actively facilitate its organization. *TC* said that in the past there was a list of available documents in the AIDS Office, and suggested it be distributed to council members as a useful reference. He also suggested setting at least two dates for the orientation so that people can choose what fits their schedule, and said he thought the buddy system had happened organically in the past, and he'd be glad to assist any new member. *PC* expressed

the opinion that 2-3 mentors is too many. *SL* said he'd like the buddy system to be organized, that it's important everyone is involved and know their role, and that experienced members should at least be open to phone calls. *NN* encouraged members to get involved in the orientation process.

C. **Prioritization Committee**: *DJ* circulated a new vacation list to replace the missing one circulated last week. She handed out the timeline proposed by the committee. JK introduced the binders, which can be used to organize the next months' barrage of information. Six binders will be left at the AIDS Office for public use. *DJ* reminded the council that the timeline was not finalized at the June 16 meeting due to uncertainty about the housing presentation and because the final decision-making date (August 16) conflicted with the WORLD Retreat for HIV+ women, and the representative from San Mateo county couldn't come that day. The committee proposes CHIPS be presented July 21, the rest of the housing presentation August 4, and the full day retreat August 23, with no full council meeting July 7. *PC* asked how many members could not come August 23. *DJ* replied that more people are unable to come August 16, and the conflicts with that date are too large. *SL* asked if the retreat is when the council makes all the decisions. *DJ* replied that yes, that is the decision day, but prior discussion will be working toward concensus, and the prioritization committee will try to keep up with issues and questions that emerge in order to best guide and focus discussion during the retreat. *NN* said the AIDS Office has heard from several contractors wondering when they get to give their input, and the calendar does not include the community input meetings scheduled for July 3 and July 17. *JC* supported August 23 for the retreat because San Mateo county has had very little opportunity to speak to the council. Thus it is important to him, as the San Mateo representative, that he be able to attend. He further urged the council to give the other counties some floor time. *JC* also said that in addition to representatives, he wanted to bring in PWAs and others from the counties to give first-hand testimony of the sissues and needs there. *SL* motioned to approve the timeline. *BG* seconded and the motion was passed with no abstentions.

DJ said that new conflict of interest forms will be mailed to those who haven't yet filled them out. The information requested on these forms includes employment, board membership, volunteer work and any other affiliation within the EMA for the past three years. *DJ* told the council to make sure the committee membership lists are correct.

X. **AIDS Office Report**:

A. **Budget**: *MK* distributed a new accounting of year 06 and year 07 funding. The accounting circulated at the June 16 meeting was found to have a mistake which attributed $7,000 less to unallocated funds. The corrected unallocated amount is $624,366. An accounting of Title II has also been added to this list.

B. **Options for Unallocated Funds**: *MK* also distributed and reviewed a list of allocation possibilities (please refer to handout). Regarding option #4, he commented that food vouchers are by far the most popular, followed by transportation. He also said that vouchers can be extended over time, rather than having a set time limit, as do other service types. In regards to option #6 he said that if the council chooses this option it will need to specify to the AIDS Office how exactly it wants to structure the funding. *TC* asked where the figure 250K for shallow rent subsidies came from. *MK* explained that 250K is the annualized value of CHIPS, and his understanding was that when the council expressed its desire for CHIPS to move to General Fund, its previous CARE funding was to go to shallow rent subsidies. *TC* said he thought there were two different contracts. *MK* replied that there are two contracts: a computerized contract with informatics, which moves on the spread sheet; and a portion of the housing contract, which supports the intake process with clients, and does not move. *TC* said he had understood that the council would not fund the CHIPS program, which includes both contracts, but that the council agreed to cover the two contracts for the three months from the end of the CARE fiscal year to the beginning of the General Fund fiscal year, at which time the AIDS Office would take responsibility for identifying resources out of General Fund. He further noted that the two different sources of funding are not reflected on the spread sheet. *MK* responded that the only part the contract that moved to General Fund is the Informatics component. He further stated that it was difficult to move even *that* contract; CARE has extra money and General Fund does not. The Health Department agreed to cover this $200,000 contract out of respect for the CARE council, although it seemed hard to rationalize such a move. *PC* asked how much a contractor can absorb and still provide the service in the allotted time. *NN* said right now $250,000 is the most a contractor can absorb. *WC* read a memo he wrote to the council on

March 4, which stated that it was his understanding that the council had eliminated support for the entire CHIPS program. He further said he thought that when the council discussed CHIPS they were discussing a program rather than a specific contract. *TC* read, for clarification, the motion in which the council ended funding for CHIPS as of June 30, 1997. He also read the motion which followed, in which the council voted that the AIDS Foundation use money formerly devoted to CHIPS to instead fund shallow rent subsidies. He asked why, if the piece of the contract which is part of the AIDS Foundation's CHIPS program was not included, was the council told that the program would stop June 30? *PC* responded that the information presented regarding CHIPS was accurate, and she feels there has been a problem with general lack of clarity around the issue. *RT* asked how people were to get into housing if CHIPS is cancelled and no alternate process instated.

WC questioned #3 on the allocation option sheet, which suggests $200,000 for non-ADAP drugs. According to this sheet, the Department of Public Health pharmacy budget is $1 million short for the current year. *WC* asked how the rest of that amount would be made up after the $200,000. *MK* responded that perhaps certain drugs would be made available only to HIV+ people, and that the $1 million is a city-wide figure, not just HIV+. *WC*'s final comment addressed option #6: the purchase of additional units of service, to which he said that the council would need to know what agencies exceeded 100% of their units of service before this option could be prioritized. *MK* said that in the past the options were prioritized by category, and if the council did not choose option #6 he would rather not spend his time breaking down organizations' units of service. *WC* responded that the council may benefit from that information even if that option is not chosen for funding.

SL motioned for a 5min. break and an agreement to stay until 8:00. *WC* seconded and the motion passed with no abstentions.

C. **Planning Council Support**: *MK* distributed and reviewed a document which included an outline of possible services included in planning council support (according to HRSA), what services the council has used in the past, the amount paid for support, a list of possible support services not currently used and estimated costs for other services (please see handout for more specifics). He explained that under HRSA 5% of the council's total award goes to administrative costs, and up to an additional 2.5% can be spent on support. *BC* asked if the Reggie program would be staffed and conducted by the AIDS Office. MK responded that Reggie is a contract. *TC* requested the line item under AIDS Office clerical and professional staff, for future reference.

D. **New Allowable HRSA Service Categories**: *Russ Zellers* distributed and reviewed the new HRSA service categories, and suggested that council members use this information in considering the placement of new and emerging needs. He pointed out that the council currently does not use all of these categories, and some of those used by the council are grouped slightly differently than they are under HRSA. Categories not currently used by the council: drug reimbursement programs, health insurance, inpatient personnel and nutritional services. Although these categories are not specifically funded, aspects of them are funded under different category names. He also pointed out that subcategories 16.d (counseling), 16.j (outreach), 16.k (referral) are new. *RZ* also handed out and reviewed an analysis of all the service categories CARE currently funds through contractor MOUs. He pointed out that on the sheet many of the contracts could be categorized several different ways, and actual categorization is a judgment call. He also said that, with the exception of the housing category, the dollar amounts are not exact due to difficulty in separating amounts used by various related types of care. Regarding units of service, he explained that $175.52/UOS is the median, not average cost. This information can be used to estimate the number of service encounters which can be purchased with a set dollar amount. All dollar amounts on this sheet are below their caps. *TC* requested that a list of acronyms be given out next time.

Small Group Discussion: *NN* suggested dividing by committee, with larger committees breaking up. *DJ* requested that the report-back section be cancelled due to time. *TC* suggested that sumMarchy sheets be submitted by each group and mailed to all council members prior to the next meeting. The council divided into groups at 7:45pm and did not report back.

P = Present; A = Absent; E = Excused Absence; L = Leave of Absence					
James Abrams	P	Marchiam Farooq	A	Carmen Portillo	A
Kirsten Balano	P	Barbara Garcia	P	Ron Reynolds	P
Marchianna Balquiedra	P	Carol Gong	A	Alissa Riker	P
Jeff Byers	P	Gene Gowdey	A	Joy Rucker	A
Virginia Cafaro	A	John Gressman	E	Barry Savage	P
Tom Calvanese	P	Dee Hampton	P	Marchk Serpas	P
William Carter	P	Ron Hill	A	Thomas Sinclair	E
Bart Casimir	P	Danny Joe	P	Laura Thomas	P
Michael Chesek	P	Diane Jones	P	Rita Times	P
Pat Christen	P	Susan Karp	E	Kelly Wallace	P
John Conley	P	Steve Lew	P	Marchy Jane Woo	A
Marchk Dunlop	P	Norm Nickens	P		

Votes Held at June 23 CARE Council Meeting:

1. Jeff Byers motioned to approve the agenda. Laura Thomas seconded. Motion passed, no abstentions.
2. Will Carter motioned to postpone the co-chair vote. John Conley seconded. Motion passed, Laura Thomas and Diane Jones abstaining.
3. Steve Lew motioned to approve the timeline. Barbara Garcia seconded. The motion passed, no abstentions.
4. Steve Lew motioned for a 5 minute break, with agreement to extend the meeting until 8:00. Will Carter seconded. The motion passed, no abstentions.

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MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL

July 14, 1997

San Francisco AIDS Foundation, 10 U.N. Plaza, 6th Floor Conference Room

AGENDA

I.	Call to Order	4:30 PM
II.	Roll Call	
III.	Review and Approval of Agenda	
IV.	Review and Approval of Minutes of 6/16/97 & 6/23/97	
V.	General Announcements	
VI.	Evaluator's Report	
VII.	Public Comment	4:45
VIII.	Subcommittee Reports	4:55
	A. Community Input Committee: Report	
	B. Evaluation and Assessment: Report 7/1	
	C. Membership Committee: Report	
	D. Planning Committee: Report	
	E. Prioritization Committee: Report	
IX.	Co-chairs Report	5:05
X.	Discussion and Allocation of Unexpended Funds - VOTE	
XI.	Report on SF Dept. of Public Health Long-term Planning -- Sandra Hernández, MD	5:15
	-- BREAK --	5:25
XII.	"Who Are We Serving" -- Presentation and Discussion of Epidemiology Profile	5:35
XIII.	Adjournment	7:35

Up-coming Meetings:

July 14, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 7:30 PM
July 17, 1997 - Prioritization Committee, AIDS Office, 3rd Floor Conference Room-B, 3 - 5 PM
July 17, 1997 - Community Input Committee, AIDS Office, 3rd Floor Conference Room-A, 5 - 7 PM
July 21, 1997 - Planning Council, **AIDS Office, 3rd Floor Conf. Room**, 4:30 - 7:30 PM
July 23, 1997 - Prioritization Committee, AIDS Office, 3rd Floor Conference Room-B, 3 - 5 PM
July 28, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 7:30 PM
July 31, 1997 - Community Input Committee, AIDS Office, 3rd Floor Conference Room-A, 4 - 6 PM
August 4, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 7:30 PM
August 11, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 7:30 PM
August 18, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 7:30 PM
August 23, 1997 - Council **Retreat**, SFAF, Place and Time TBA

San Francisco AIDS Foundation, 10 United Nations Plaza:

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San Francisco Department of Public Health, AIDS Office, 25 Van Ness:

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Mayor's HIV Health Services Planning Council — July 14, 1997

Minutes of Meeting

I. **Call to Order**: 4:35 PM

II. Roll Call [1]

III. **General Announcements:**

A. *Mary Jane Wood* announced that at the Title II Working Group Meeting it was decided that San Francisco would be awarded the same amount as last year. SF is one of only five counties which will not have Title II funding cuts. San Mateo and Marin will each have a 5% cut in their Title II funding.

B. *John Conley* made a date correction in the packet which he sent to council members: the memorandum dated June 8, which announces a presentation on June 14 should say *July* 8 and 14. In addition, the presentation has been moved from July 14 to July 28.

C. *Will Carter* invited all interested to attend a bilingual discussion on the state of the AIDS dollar, hosted by Projecto Contra SIDA, Por Vida. The discussion will be held on July 16 at 6:30, and *WC* will be speaking about the CARE council. He also asked council members to attend the Community Input committee meetings on July 17 and 31, which are to be dedicated to public testimony.

D. *Steve Lew* explained the mayor's office steering committee, which is planning an HIV summit on World AIDS Day. The goal of this summit is to bring together the San Francisco community to discuss changes in the AIDS epidemic due to new treatments, and develop recommendations for the mayor. *SL* and *LT* are members of this steering committee.

E. *Barbara Garcia* announced that a group of women at the last class of HIV University have decided to make a political statement in response to the recent Chronicle headline which reported a case of HIV transmission through kissing. The group has not yet decided what sort of action to take, but a Kiss-In was suggested. Anyone who is interested in joining this group and/or has some experience in taking political action please contact *BG* at 597-4657.

IV. **Review and Approval of Agenda:** *Jeff Byers* moved to approve the agenda. *Laura Thomas* seconded. The motion passed, no abstentions.

V. **Review and Approval of Minutes**: June 16 minutes: *Will Carter* requested the addition of *Mitch Katz's* summation of prioritization policy in other years. The minutes were approved with that change. June 23 minutes: *WC* requested the correction of the statement that the memo he read regarding CHIPS was written to the CARE council; the memo was in fact addressed to *Mitch Katz*. *Tom Calvanese* requested the correction of "AIDS Foundation" on page 3 to read "AIDS Office". The minutes were approved with the above changes.

VI. **Evaluator's Report**: *Kevin Roe* submitted a written report. Laura Thomas stressed the importance of making comments on the evaluation forms in order to assess the changes currently being made in the process. *Bart Casimir* noted that the PWA caucus is not exclusively for men, as implied by the Participant Dialogue sheet submitted by the evaluator.

VII. **Public Comment**:

A. **Act Up Golden Gate:** *Don Narbone*, who works at Act Up Golden Gate, expressed support for the allocation of unexpended funds to a shallow rent subsidy program. *Michael Lara*, volunteer at AUGG, also expressed support for the PWA Caucus proposal. He said that the proposal would meet the 3 essential needs: food, housing and treatment. *MJW* requested clarification on what "treatment" entails. *ML* replied that, to him, it includes mental health care and substance abuse, although if these are available through other channels (not involving AIDS money), those should be used. *Hank Wilson*, of AUGG, also expressed support for shallow rent subsidies. He stated that the CARE money should meet the most critical need, which shallow rent subsidies would do.

Joy Rucker expressed concern regarding the underrepresentation of people of color at Act Up GoldenGate and the PWA caucus. *Hank Wilson* responded that AUGG includes members of all races, and that HIV and AIDS transcend color, gender, sexual orientation etc. *Martin Delaney* furthered that, as a volunteer organization,

AUGG is a good representative of the entire community. *Gill Chris*, a person with HIV, said that the community needs to unite on the issue of AIDS, rather than divide due to differences such as race or gender.

B. *Dave Mayen,* member of the Community Advisory Committee at Kaiser, also expressed support for the PWA Caucus proposal for unallocated funds.

C. *Martin Delaney*, of Project Inform, advocated for funding to direct financial emergency support, and the use of AIDS Emergency Fund as a way to distribute money.

D. *Verge Parks* advocated for funding of prenatal care, specifically BAPAC.

VIII. **Subcommittee Reports:**

A. **Evaluation and Assessment Committee:** *WC* encouraged any council members who are not currently on a committee to join this one, they need help. The next meeting is July 17, 3:00-5:00pm in the AIDS Office.

B. **Membership Committee**: *Michael Chesek* asked for an update on the nominations at the mayor's office. *Norm Nickens* replied that the most recent nominations have not yet been acted on, but will be within the next week. *MC* said that, in the absence of further action on that issue the membership committee has nothing to report.

C. **Planning Committee**: *SL* reported that at the most recent meeting the committee discussed updating the five-year plan and *John Conley* made a presentation. The committee also developed two proposals regarding the prioritization process, which will be presented to the steering committee.

D. **Prioritization Committee**: *TS* noted the time change for the next committee meeting, which will be held July 17, 3:00-5:00pm in the AIDS Office. The following meeting will be July 23, 3:00-5:00pm at the AIDS Office.

IX. **Co-Chair Reports:**

A. *NN* reported again that the mayor's office has not yet reviewed the nominations that have been forwarded, but expects to have done so by the end of next week. He also said that *Mark Serpas* has resigned from the CARE council. *NN* distributed the correspondence file for the July 14 CARE council meeting, and anyone who wants copies of its contents can sign up to receive them.

B. *LT* reported that the next HRSA conference call will be the morning of July 15. These calls are scheduled every couple of weeks, to facilitate communication between members of different EMAs. *WC* asked if these calls are recorded in writing. *NN* responded that they are beginning to produce minutes for the calls, which will be made available.

C. *Danny Joe* reminded the council that the next CARE council meeting will be July 21 at the AIDS Office, *not* 10 UN Plaza.

X. **Unexpended Funds**:

Tom Calvanese distributed the council's policy regarding unexpended funds, a written proposal by the PWA Caucus for the use of those funds, and a supporting memo from *WC*. This proposal was presented to the council by *BC* at the June 23 meeting, and council members have expressed support for its adoption. *TC* moved for a vote on the adoption of the PWA Caucus proposal for the use of unexpended CARE dollars in the fiscal year 1997-1998. *WC* seconded the motion. *NN* raised the concern that the sole-source stipulation in section 3.a. may slow the allocation process. He requested that "sole-source" be removed from the recommendation. *BG* said that since uninsured people and people on Medical compose such a large proportion of PWAs, she would recommend adding a proposal which included non-ADAP drug funding. She also noted that the pediatric aid was added to the proposal because of one group which spoke at a council meeting, a decision which undermines the process. *WC* responded to the non-ADAP recommendation that the attempt of the proposal is to empower people to spend the money in the way which will most benefit them, rather than decide for others how it will be of the most use. Regarding pediatric aid, *WC* expressed agreement that the process was poor, but said that a strong need was expressed by women in the community. *TS* expressed concern that a precedent will be set by which agencies in need of funding believe that if they come to a CARE council meeting they will get it. *SL* expressed support for the recommendation, but requested a discussion of the specific types of emergency financial assistance to be

funded, and a vote to define the actual amounts be awarded to each. *TC* responded that money will be awarded to types of direct emergency financial assistance as defined by HRSA. He also reiterated *WC*'s comment that the goal is to structure funding such that recipients decide how to spend the money. *Kirsten Balano* expressed support for *BG*'s recommendation to add a non-ADAP drug component to the proposal. *JC* asked if food vouchers would be given as part of Direct Emergency Financial Assistance, and if the intent was to make this service available to residents of San Mateo and Marin counties as well. *LT* replied that because the council can not give people cash, they will be given vouchers. *JC* said that his question was, if aid is to be given on a sole-source basis, would that aid extend EMA-wide. *NN* responded that multiple contractors might be necessary in order to serve the other counties. *WC* said that, although the council can not specify the agencies to be funded, the proposal aims to have as little money as possible taken up by overhead costs. *JB* expressed concern that money allocated to emergency funds may not be used as intended due to the amorphous nature of emergency funds. *LT* assured him that the AIDS Office would do everything possible to ensure that all HRSA policies are followed. *NN* said that the AIDS Office would report to the council on completion of the allocation process. *LT* called for opposition to the motion. *TS* called a question. *LT* noted the change of language to omit "sole-source". A vote was held, the motion passed [2].

I. **SF DPH Long-Term Planning--Sandra Hernandez, MD:**

LT introduced *Sandra Hernandez*, MD, the resigning Director of the Public Health Department. *Dr. Hernandez* reported on the reorganization of the DPH which is currently under way. This primarily involves the combining of hospitals, clinics and most of the other direct services provided by the DPH into the Community Health Network. The network is contracting under Medical Managed Care with both the Health Authority and Blue Cross. The goal of this network is to create a public sector delivery system which competes in the market with other delivery systems. In addition to this competition for paying patients, the three hospitals involved (San Francisco General, Laguna Honda and the mental health rehabilitation facility), will also continue to serve the indigent and uninsured population. The management team for the network is still developing, but at present includes *Rich Cordoba*, who used to be the executive administrator for SF General Hospital, and *Tony Wagner*, executive director of Laguna Honda. This will be the first time in the history of the department that all primary care services can be administered in one place.

The other major of the DPH is now called the Public Health Division, which is lead by *Bob Prentice*. This division includes three major units:

1. Primary Prevention Unit, which will focus on all preventable diseases
2. Health and Regulatory Unit, which will focus on all violations of Health and Safety codes
3. a unit devoted to integrating the department's services, including mental health, physical health, substance abuse treatment, supportive housing etc. *Dr. Hernandez* introduced *Pat Reynolds*, who is the newly-hired director of this unit

Dr. Hernandez also introduced several important planning processes currently occurring at the department:

1. AB-1040 Long-Term Care, a city-wide planning initiative endorsed by the Mayor and the Board of Supervisors. This initiative is examining program design and financing for the various long-term care issues which are currently important in San Francisco. Of particular concern is Laguna Honda Hospital, which is in need of serious structural work. A report can be expected by late spring, 1998

2. Primary Care Planning Council, which involves collaborative planning by all primary care providers in the city (including those not affiliated with the DPH)

3. Blue Ribbon Committee/Universal Healthcare Planning Group, appointed by the Mayor after the 1996 health summit. The task of the committee is to propose to the mayor a plan to provide health insurance for all San Francisco residents. Dr. Hernandez expressed the belief that a feasible plan to achieve this goal will be developed by the beginning of 1998. One of the questions currently being addressed by the council is how to provide seamless scope of benefits to citizens who at different times may or may not qualify for Medical.

BC asked what plans are being developed for mental health issues, and is the homeless population being classified with the mentally ill. *Dr. Hernandez* responded that the mental health division of the department has been focusing on creating a system of care for the seriously mentally ill population. The department has de-institutionalized a huge number of mentally ill patients with the plan to create alternative systems of care, but these alternative systems are only now slowly beeing developed. One of the department's current challenges is to provide a continuum of mental health services for those who are not seriously mentally ill, but have episodic depression, stress-breaks etc. In terms of the homeless population, *Dr. Hernandez* expressed optimism about the city's recent advances toward the ability to deal with the homeless issue, as well as the encarcerated population. These advances include beginning to increase drug and mental health treatment capacity and creating more supportive housing.

JB asked when the universal health care plan developed by the Blue Ribbon Committee will be implemented, assuming the proposal is completed by the beginning of 1998. He explained that his question stems from a concern that overlap between services funded by CARE and those which would be made available through universal health care would change the CARE prioritization for funding. He further asked if HIV services under universal health care will depend on Ryan White funding. *Dr. Hernandez* explained that the Blue Ribbon Committee is examining standard health plans to ascertain the basic benefits offered, and then develop a plan whereby these benefits will be made available to people working in jobs that historically do not provide health coverage. These basic benefits include emergency care, primary care, hospital care and diagnostics. Most basic plans do not include drug treatment, or include it with a significant additional premium. People who require higher-level care, such as drug treatment, can not be accommodated by this type of plan, and thus are considered "carve-out" populations, whose coverage will need to be considered differently. Similarly, because housing is assumed by most health insurance providers, it will also need to be integrated into, and compliment, the benefits package. Regarding the CARE council's funding process, *Dr. Hernandez* admonished the council to collaborate with the DPH, and cited as an example of non-collaboration the council's decision to devest from pharmaceutical costs when the PDH is struggling with spiralling costs due to AIDS treatments. Non-collaboration leads to the temptation on the part of the DPH to decide only to fund the types of AIDS services funded by the CARE council.

JB further questioned how the CARE council can form a link to the Blue Ribbon Council. *Dr. Hernandez* responded that it is the responsibility of the DPH to facilitate communication and provide a big-picture view to the organizations involved in health funding and planning.

WC asked what types of services the DPH will offer people in the next 2-3 years as the number of people living with AIDS increases and CARE funding decreases. *Dr. Hernandez* answered that the primary care benefits under the future universal coverage plan will free up the CARE council to re-allocate money previously directed toward primary care. She further commented that, in the event of decreased CARE funding of some programs due to CARE funding cuts, General Fund money may have to be used to keep programs going. She reiterated the importance of collaboration between the DPH and the CARE council in their funding choices, and cautioned the council against the view that future funding should be determined by what has been funded in the past.

XII. **"Who Are We Serving?"--Epidemiology Profile:**

Sandy Schwarcz, of the DPH, presented the epidemiological report which was sent to councilmembers in the AIDS Office packet. She stressed that this information only includes people with AIDS, not HIV cases, and that the graphs presented were created using data on health insurance at the *time of diagnosis*, which for many people has probably changed. On the pie chart labeled Health Insurance Status of Living AIDS Cases, the unknown section signifies those cases diagnosed before 1994, when collection of this data began. From the gender comparison chart *Dr. Schwactz* concluded that the majority of PWAs in San Francisco are men, but that women form a disproportionately high percentage of underinsured PWAs. She also concluded from the risk group and age comparisons that men who have sex with men and people ages 40-49 form a higher percentage of AIDS cases than IDUs and youth, but a disproportionately high number of IDUs and youth are underinsured. The race comparison chart shows that a high proportion of African-Americans and Hispanics are underinsured.

BC asked if the percentages of ethnic groups which make up the entire San Francisco population are available. *Dr. Schwarcz* replied that it is, and can be included in the presentation next year.

TC reminded the council that the 40% of PWAs which were diagnosed before 1994 are unknown in terms of insurance status, and therefor are not represented in this information.

LT commented that when people change their insurance status it is usually in the downward direction. Therefor it could be assumed that the number of uninsured is actually higher than appears on the charts.

VC asked if those classified as IDUs were classified as such solely because they were using at the time of diagnosis with AIDS. *Dr. Schwarcz* replied that they were using IV drugs at the time of diagnosis and it was determined to be their primary mode of transmission. This does not mean that all these people are still IDUs.

XIII. **Small Group Discussions:**

JK announced that committee chairs will facilitate the small groups, and asked that they return a written report to her at 7:30. She also made a correction in question #2, which should only involve San Francisco and not the entire EMA because statistics from San Mateo and Marin have not yet been received by the council.

XIV. **Adjournment**: the council adjourned at 7:30pm.

P = Present; **A** = Absent; **E** = Excused Absence; **L** = Leave of Absence
Y=Yes; **N**=No; **B**=Abstain

	1	2		1	2		1	2
James Abrams	A		Mariam Farooq	A	B	Carmen Portillo	P	
Kirsten Balano	P		Barbara Garcia	P	N	Ron Reynolds	P	Y
Marianna Balquied	P	Y	Carol Gong	A		Alissa Riker	P	Y
Jeff Byers	P	Y	Gene Gowdey	P	Y	Joy Rucker	P	Y
Virginia Cafaro	P	Y	John Gressman	E		Barry Savage	P	N
Tom Calvanese	P	Y	Dee Hampton	A		Thomas Sinclair	P	Y
William Carter	P	Y	Ron Hill	A		Laura Thomas	P	Y
Bart Casimir	P	Y	Danny Joe	P	Y	Rita Times	P	Y
Michael Chesek	P	Y	Diane Jones	E		Kelly Wallace	P	Y
Pat Christen	A		Susan Karp	P	Y	Mary Jane Wood	P	B
John Conley	P	Y	Steve Lew	P	Y			
Mark Dunlop	P	Y	Norm Nickens	P				

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MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL

July 21, 1997

★AIDS Office, 25 Van Ness Avenue, 3rd Floor Conference Room★

AGENDA

I.	Call to Order	4:30 PM
II.	Roll Call	
III.	Review and Approval of Agenda	
IV.	General Announcements	
V.	Evaluator's Report	
VI.	Public Comment	4:45
VII.	Subcommittee Reports	4:55
	A. Community Input Committee: Report	
	B. Evaluation and Assessment: Report	
	C. Membership Committee: Report	
	D. Planning Committee: Report	
	E. Prioritization Committee: Report	
VIII.	Co-chairs Report	5:05
IX.	Prioritization:	5:15
	A. 1996 Client Satisfaction/Needs Assessment Interview - Prioritized and Unmet Need	
	B. Need Assessment Comparison, 1994 vs. 1996	
	C. 1994 JAIDS Publication - Predictors of Unmet Need	
	D. 1996 Self-administered Survey Results	
	E. 1997 Housing Needs Assessment	
	F. Q & A	6:00
	G. Small Group Discussions	6:15
	H. Report back from small groups	7:00
X.	Adjournment	7:30

Up-coming Meetings:

July 21, 1997 - Planning Council, **AIDS Office, 3rd Floor Conf. Room**, 4:30 - 8:00 PM
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July 28, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 8:00 PM
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August 4, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 8:00 PM
August 11, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 8:00 PM
August 18, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 8:00 PM
August 23, 1997 - Council **Retreat**, SFAF, Place and Time TBA

San Francisco AIDS Foundation, 10 United Nations Plaza:

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San Francisco Department of Public Health, AIDS Office, 25 Van Ness:

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Mayor's HIV Health Services Planning Council

Minutes of Meeting

July 21, 1997

I. **Call to Order:** 4:40 PM

II. **Roll Call** [1]

III. **Approval of Agenda:** *MJW* moved to approve. The agenda was approved with no abstentions.

IV. **General Announcements:** 1. *JC* announced that the next Planning Committee meeting will be held July 31, 4:30-6:30 in the AIDS Office 2. *RT* announced that four babies were diagnosed with HIV in the past week, after eighteen months with no new cases 3. *WC* announced that the Evaluation and Assessment Committee will be meeting with the Prioritization Committee on July 23, 3:00-5:00 in the AIDS Office. One topic of discussion will be the numbers produced by the AIDS Office and the Evaluation and Assessment Committee 4. *JR* set the next Housing Task Force meeting for July 29, 5:00-7:00 in the AIDS Office 5. *JB* reminded all present that all committee meetings are open to non-members

V. **Evaluator's Report:** *Kevin Roe* made several recommendations: 1. Steering Committee should be careful to allot enough time for each agenda item 2. make sure there is time at the ends of meetings for the council to reconvene after small group discussions in order to review discussions, ask questions and fill out evaluations 3. look into implementing a system of alternates for council members--especially those with HIV--in order to get a sense of continuity for members who may have to miss meetings due to health or other personal issues. *WC* commented that agenda items are rushed because there is always too much to achieve in three hours. He also invited council members to attend Steering Committee to help set the agenda, and said that the PWA Caucus and Community Input Committee have been looking into an alternate system .

VI. **Public Comment:**

A. *Michael Petrelis*, PWA, stated that in the Outreach Newsletter published by the AIDS Foundation, the AIDS Foundation and Pat Christen are lying regarding information obtained during the focus group research conducted in April, 1997. He expressed the opinion that the AIDS Foundation is covering up complaints about services and admonished the CARE Council to take the role of watchdog for PWAs, which he feels it is currently not doing. He also said that *LT* has a conflict of interests as a council co-chair and employee of the Public Policy Department at the AIDS Foundation. He further announced that transcripts which he has obtained from April's focus group research project will be made available on the internet, and those interested in viewing the transcripts in person can contact him at 621-6267.

PC made the announcement that the AIDS Foundation has completed the client focus groups and transcripts have been presented in summary form to Project Inform and several other organizations, and will be made available to the public. The transcripts themselves are confidential, and have been stolen from the AIDS Foundation. The summary of this information is intended for use by providers, and includes compelling information on access to primary care and treatment. This document will be mailed to council members.

B. *Don Narbone*, employee of Act Up Golden Gate, said that at the July 17 Community Input Committee meeting he had advocated to increase funding to housing subsidies. At this time *JC* noted that such an increase may necessitate funding cuts for other services, and asked if he had ideas on what could be cut. In response to this question, *Mr. Narbone* brought to the full council meeting a list of suggested allocations which he developed. This list was distributed and will also accompany the July 14 minutes in the next packet. *JC* thanked *Mr. Narbone* for his participation.

C. *Gilbert Cristwell* requested that minutes of previous council meetings be made available to the public. He announced that the Board of Supervisors has approved the budget of $150,000 allocated to the AIDS Housing Project.

VII. **Subcommittee Reports:**

A. **Community Input Committee:** *BC* reported that at the committee's public testimony meeting held on July 17, strong need was expressed for housing aid, including vouchers, food etc. There was also discussion of

mental health services and a strong need for better dental care options for PWAs. *WC* expressed satisfaction with the meeting, and encouraged council members to attend the July 31 meeting from 4:00-6:00 in the AIDS Office. *DJoe* asked if the committee has received Mark Serpas' questions. *WC* replied that they have not, but still want them.

B. **Evaluation and Assessment Committee**: *WC* reported that the committee, in conjunction with the AIDS Office, is examining the utilization data from 1996. The utilization numbers produced by the committee will be presented and discussed at the next Prioritization Committee meeting (July 23, 3:00-5:00 in the AIDS Office). These numbers will be made available to the council at the July 28 meeting. He invited anyone interested to attend the July 23 Prioritization Committee/Evaluation and Assessment Committee meeting.

C. **Membership Committee**: *MC* reported that the committee has not met since July 14. *NN* said that the Mayor's office has appointed four new members to the committee: . They will be contacted by the Mayor's office to attend the July 28 council meeting, and an orientation will be scheduled soon.

D. **Prioritization Committee**: *KB* reported that *Judith Klain* stated at the meeting that the Ryan White CARE grant requires that during the prioritization process the council keep in mind the following issues: level of illness, transmission category, race , sex and accessibility of new treatments. The committee also began to discuss the structure of the council retreat in August.

VIII. Co-chairs' Report:

A. *LT* reported that last week two new drugs were added to the California ADAP formulary: Delaberdine--the most recently approved antiviral, and . She distributed the House Appropriations Subcommittee on Health and Human Services appropriations. ADAP has been appropriated a 79% increase in funding. Title I received a small funding increase. These appropriations still have several evaluation processes and bodies to go through before being finalized, but the outlook is promising.

More good news: the negative response to needle exchange which was expected has not happened, and is unlikely to happen at the Full Committee. The only concern is that the report contains a directive to the Secretary of Health and Human Services that if there is a shortfall in any of the titles of the Ryan White CARE Act, money from another title should be moved into it. The concern is that this would make CARE unable to advocate for supplemental appropriations. She invited the council to take a position on this issue now, as the report is going to the Senate. *WC* requested written information. *LT* said she has the report itself and a letter form Regina Aregon. *JB* asked how quickly a position would need to be taken. *LT* replied that the House will evaluate the report July 22, and if it passes then it will go to the Senate. Once passed by the House the language can not be changed for that body, but there would still be hope of changing it in the report approved by the Senate. If the language is changed in one report and not the other, then when the Conference Committee reviews the report in August or September it will negotiate the differences.

B. *NN* repeated his report that the Mayor's office has appointed four new council members. He also distributed the written reports from the July 24 small group discussions.

C. *DJoe* reminded council members to turn in affiliation sheets.

IX. 1996 Client Satisfaction/ Needs Assessment Survey Presentation:

Rani Marx reviewed the information which was included in this meeting's packet. She noted that the self-administered unmet needs survey data has a limited sample size and is much less specific than the interviewer-administered surveys, which should be kept in mind when reviewing the data. Regarding the CHIPS data: 1. the category "inactive" includes those who are incarcerated, ineligible, deceased, or who can not be located 2. low-level supportive housing refers to money management programs and the like 3. transitional housing mainly refers to 6-18 month substance abuse programs which aim to prepare clients for a more permanent living situation.

Needs Assessment questions: *GG* asked if *Dr. Marx* feels that the survey numbers are representative of the total population. She replied that the self-administered survey statistics are not. The interviewer survey statistics represent CARE clients, but not the entire PWA population in San Francisco. *KB* asked when the surveys were

administered, because new drug treatments made available in 1996 should effect that data. *Dr. Marx* said that interviewer-administered surveys were done July-September, and self-administered surveys were done September to November.

CHIPS questions: *JR* said that some questions generated by this information may be addressed in the housing presentation on July 28. *WC* asked why African Americans were shown to be least likely to receive subsidies, as their first choice, but most likely to get transitional housing. A panel member explained that it could be because there are two African American-specific transitional housing programs in San Francisco, which may give African Americans the option to be housed quickly (if temporarily), instead of remaining homeless and awaiting a subsidy. This option is not available to non-African American applicants. A member of the public asked why the number of referrals is so much higher than placements. *Dr. Marx* explained that one possible reason is that clients can receive more than one referral and choose what placement offer to take, or choose a placement offer made by a different agency. *Judith Klain* asked why there is such a strong correlation between low income and low placement. A panel member explained that the housing placement procedure is complicated, and many people do not complete the process due to health problems and other personal issues, which are always exacerbated by a low income.

X. **Small Group Discussion**

XI. **Report-Back**: A comprehensive summary of small group discussions will be prepared by the Support Center staff.

XII. **Final Comments**: *WC* observed that, in the unmet needs data presented, the childcare information has a very small sample group (n=31), thus the 70% unmet need for childcare only reflects the need of roughly 20 people. He stressed the importance of knowing the numbers of people with an unmet need in addition to the percentage. *LT* said that the chart of proportional need speaks to this point.

XIII. **Adjournment**: 7:35 PM

P = Present; **A** = Absent; **E** = Excused Absence; **L** = Leave of Absence					
James Abrams	E	Mariam Farooq	A	Carmen Portillo	A
Kirsten Balano	P	Barbara Garcia	A	Ron Reynolds	A
Marianna Balquiedra	P	Carol Gong	A	Alissa Riker	P
Jeff Byers	P	Gene Gowdey	P	Joy Rucker	P
Virginia Cafaro	A	John Gressman	P	Barry Savage	P
Tom Calvanese	E	Dee Hampton	A	Thomas Sinclair	P
William Carter	P	Ron Hill	A	Laura Thomas	P
Bart Casimir	P	Danny Joe	P	Rita Times	P
Michael Chesek	P	Diane Jones	E	Kelly Wallace	A
Pat Christen	P	Susan Karp	P	Mary Jane Wood	P
John Conley	P	Steve Lew	A		
Mark Dunlop	P	Norm Nickens	P		

The Council meets on the third and fourth Mondays of each month, at the time and place noted above. All are welcome and have the opportunity to comment on Agenda items. The site is fully accessible, and assistive hearing devices and signing are provided upon adequate future notice. Minutes of meetings and all information distributed to Council members are available for inspection and copying. For further information, contact the Council's staff. 554-9136. For requests for excused absences, call Emily Coles at 777-3229. *Minutes of meetings are tentative until formally approved by the council.*

Dixon

MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL

July 28, 1997

San Francisco AIDS Foundation, 10 U.N. Plaza, 6th Floor Conference Room

AGENDA

I.	Call to Order	4:30 PM
II.	Roll Call	
III.	Review and Approval of Minutes of 7/14/97	
IV.	Review and Approval of Agenda	
V.	General Announcements	
VI.	Evaluator's Report	
VII.	Public Comment	4:45
VIII.	Subcommittee Reports	4:55
	A. Community Input Committee: Report	
	B. Evaluation and Assessment: Report	
	C. Membership Committee: Report	
	D. Planning Committee: Report	
	E. Prioritization Committee: Report	
IX.	Co-chairs Report	5:05
X.	Prioritization:	5:15
	A. Other Public Health Funding	
	B. URS Data	5:45
	C. Utilization of Service Categories: San Francisco, San Mateo, Marin	5:50
	D. Q & A	6:20
	E. Small Group Discussions	6:35
	F. Report Back from Small Groups	7:20
XI.	Adjournment	7:50

Up-coming Meetings:

July 28, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 8.00 PM
July 29, 1997 - Housing Task Force, AIDS Office, 5th Floor Conference Room, 5:00 - 7:00 PM
July 31, 1997 - Community Input Committee, AIDS Office, 3rd Floor Conference Room-A, 4 - 6 PM
August 4, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 8:00 PM
August 11, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 8:00 PM
August 18, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 8:00 PM
August 23, 1997 - Council **Retreat**, SFAF, Place and Time TBA

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San Francisco Department of Public Health, AIDS Office, 25 Van Ness:

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Mayor's HIV Health Services Planning Council

July 28, 1997

Minutes of Meeting

I. **Call to Order:** 4:40 PM

II. **Roll Call**

III. **Approval of Agenda:** *WC* requested a break before the prioritization section. *JB* motioned to approve the minutes with this amendment. *MJW* seconded the motion. The agenda was approved with *WC's* amendment, no abstentions.

IV. **Approval of 7/14 Minutes:** *JC* referred to page 3 of the minutes, where he is quoted asking if the PWA Caucus proposal for the unexpended funds is intended to include the entire EMA. He requested that the answer to that question (which is yes), be added. With that change the minutes were approved, with *DJ, BG* and *SL* abstaining.

V. **General Announcements:** 1. *JC* announced that the Planning Committee is scheduled to meet 4:30-6:30, 7/31 2. *WC* reminded the council that the next and final public testimony meeting sponsored by the Community Input Committee will be held 4:00-6:00, 7/31 in the AIDS Office, and invited council members to attend.

VI. **Public Comment:**

A. *Bill Musick*, of MAITRI, distributed a packet to council members. This packet contained invitations to the opening of MAITRI's new 15-bed facility on August 12 and 13, as well as information about this new facility. The handout also included notes from several focus group meetings which recently met to discuss unmet needs in the area of supportive housing.

B. *Don Narbone*, of Act Up Golden Gate, said that he recently reviewed the dental contract and feels satisfied with it. He also said he thinks we are getting a good deal from the University of the Pacific.

VII. **Evaluator's Report:** *Kevin Roe* encouraged people to continue arriving to council meetings on time, and read the packets and consider the questions ahead of time. He commended the co-chairs on their active facilitation and encouraged them to keep it up. He also suggested that someone in each small group keep track of the time to insure that all questions are addressed.

VIII. **Subcommittee Reports:**

A. **Community Input Committee:** *Billy Pick* reported that 320 survey responses have been received, and the information will be presented to the council on August 18.

B. **Evaluation and Assessment Committee:** *WC* reported that the committee is now meeting in conjunction with the Prioritization Committee, and the next meeting solely for the Evaluation and Assessment Committee will be in about two weeks.

C. **Membership Committee:** *LT* reported that the committee needs to schedule an orientation for the five newly-appointed council members. *NN* suggested holding this orientation Monday, August 4, 2:00-4:00. This suggestion was met with general agreement. *LT* asked for any council members who want to help at the orientation. *WC* and *TC* volunteered.

D. **Prioritization Committee:** *KB* reported that Prioritization is now meeting with the Evaluation and Assessment Committee. The two committees have identified six service categories which they will research in depth to facilitate a more qualitative analysis by the council than has been done in the past. These categories are primary care, housing, food, mental health treatment, substance abuse treatment and case management. All council members are invited to attend these committee meetings. The next scheduled prioritization meetings are 2:00-4:00 July 31, 11:00-1:00 August 7, 12:00-4:00 August 11 and 11:00-1:00 August 18.

E. **Housing Task Force:** *LT* reported that the Housing Task Force will meet 5:00-7:00, July 29. The main topic of discussion will be how to get the shallow rent subsidy program going and the money allocated to it spent. *WC* said the last week *BC* had raised the issue of rent subsidies extending beyond the EMA. He suggested that the HTF look into this issue. *LT* agreed that subsidies both inside and outside the EMA would be discussed at the July 29 meeting.

IX. **Co-chairs' Report:**

NN said that he has the correspondence file. He also distributed two memos by *Mitch Katz* (who could not make it to this meeting). The first reported that all CHIPS-related contracts have been moved into General Fund, and the second is in response to a request for a detailed copy of the AIDS Office budget for Planning Council support. He also distributed information on the 1994 and 1996 Client Needs/Satisfaction, which was requested at the last council meeting.

X. **Other Public Funding:**

Monique Zmuda, from the Department of Public Health, addressed the council on the DPH funding and budget for 1997-98, which was just approved by the Board of Supervisors. The DPH budget for the coming fiscal year is approximately $734 million. This is not an exact number because money moves around within the department. $144 million of this money comes from the city and county General Fund, and the remaining money comes from MediCal, MediCare, various grants (including CARE council grant), an allocation from the state for categorical services including substance abuse and mental health treatments, sales and vehicle license tax dollars and some other fees from services provided by the DPH. She reported that many patients seeking aid under the DPH are not eligible for MediCal, and therefor their care is funded by county dollars (General Fund), and/or categorical grants received by the DPH. The DPH is reimbursed for the care of patients who are Medicaid recipients, as long as that care is given by a provider that is certified to bill Medicaid and the services rendered fall under those covered by Medicaid. Frequently Medicaid pays the DPH only for a small proportion of the cost incurred.

Sharon Kennison, Assistant Administrator for the Patient Financial Services Division at San Francisco General Hospital and the Community Health Network, explained her various responsibilities in the hospital, which include evaluation of patients for their eligibility for MediCal. She explained that being sick and poor do not qualify one for MediCal services. One must be sick and poor, *and* blind, aged, disabled or have deprivation (dependants which can not currently be cared for by the person applying). The majority of MediCal's AIDS patients are classified as disabled, which means that they are completely disabled for at least a year. Also in order to qualify, one must have no more than $2,500 in available assets (as a single person with no dependants). Once qualified, patients frequently have a shared cost. Hospitals and clinics allow patients to incur shared cost, and these patients frequently become enroled in MediCal's C-MET sliding scale program, which further reduces the patient's share of costs. Thus, hospitals are not paid for all the costs incurred by MediCal patients.

Mrs. Kennison distributed a summarized report of MediCal recipients whose primary diagnosis was HIV, but whc presented at the hospital for non-HIV related problems (broken legs...). She said that the information presented showed that MediCal and MediCare together constitute 82.5% of the sponsored mix within this category of patients and charges. The handout also includes information on MediCal inpatient costs, which total roughly $27 million per year, $8.4 million of which is actually paid to Medical. She also reviewed the information presented on outpatient costs, and said that Medical is struggling under the costs of new AIDS drug treatments.

SL asked if the last two pie charts in the handout included only the HIV+ population. *Mrs. Kennison* said they include the entire population. *JB* asked if the handouts should be labeled 1996-97, rather than 1997-98. The answer is yes. He also asked if data is available to compare information relating cost to total patient days and discharges from earlier years to that presented. *Mrs. Kennison* said that all past data is in the Department of Planning at the hospital, but it is difficult to categorize and relate all the information on diagnosis, cost, hospital days etc. *KB* asked if people are increasingly losing MediCal benefits due to increased health. *Mrs. Kennison* replied that ex-supervisor *Migden* is working on a legislation that will raise the ceiling of earnings so that those who become able to work again can remain eligible for MediCal services. *KB* also asked if ADAP covers incarcerated patients. *Mrs. Kennison* responded that ADAP does not cover inpatients, but probably covers incarcerated outpatients.

SL expressed interest in seeing data on MediCal utilization from a year ago. *Monique Zmuda* said that the trend is increased utilization due to increased eligibility, and since the Welfare reform has not hit yet there will be more changes in utilization in the coming 12-18 months. *DJ* noted that, looking at page one of the handout, SF General hospital has an average length of stay for AIDS patients of 45-55 days. She said that although CARE does not fund the services rendered within the hospital, it does fund many of those which help get them out, such as home care. *BC* asked what data is available on the number of PWAs receiving MediCal. *Mrs. Kennison* said that many people on MediCal do not go to SF General Hospital, and so are not tracked in that way. *Judith Klain* referred *BC* to the epidemiological data distributed by *Sandy Schwarcz*. *BC* also asked what happens to HIV+ people who become ineligible for MediCal. *Mrs. Kennison* responded that if a person is a SF resident s/he needs to go to SF General Hospital or one of its clinics to register for the C-MAT program, regardless of their ailment.

Larry Meredith, of Community Substance Abuse Services, distributed and reviewed a packet outlining that agency's 1997-98 budget and current substance abuse statistics in San Francisco. He said that substance abuse is the common denominator in many of the city's problems, and cited the following statistics: 70% of the incarcerated population is so due to drug-related problems, 70% of emergency room admissions are drug-related, 80% of admissions to the psych emergency room are drug-related and about 70% of the homeless population have substance abuse problems. The wait list for people seeking services at CSAS on any given day in 1996 was 1300-1700. Above this number it is not clear how many people in the city are not seeking services, but are using drugs at a level that causes "high tangible consequences", which means getting arrested, having physical problems, employment problems, financial problems, problems in the family and/or other personal relationships etc. He noted that CSAS is receiving the funding it was calculated to require in order to serve those seeking treatment. However, this number does not account for those who have been underserved, such as youth, or those who may seek treatment for the first time when they find out it is becoming more available. The calculated funding figure also operates on the assumption that it would be above the baseline of services that already exist. Also, prevention efforts have been modest and fragmented, and therefor need to be augmented.

Mr. Meredith noted that San Francisco is the drug death capital of the United States, and its incidence of ER admissions for heroin are the highest, followed by Alameda county. SF is also #1 in meth-amphetamine deaths in the country. He said that in 1996 a council of 40 people was assembled to examine the epidemiology of drug use in SF and develop a plan for additional substance abuse services. The plan developed over about 13 weeks of discussions will provide guidelines for the next steps in substance abuse treatment. Some of the key themes in this planning process are family focus and building on an individual's personal relationships; accountability of programs to the client, provider system and community at large; cultural competence and alternatives to abstinence to embrace harm reduction.

Mr. Meredith also reported increased initiative on meth-amphetamine services, particularly for men who have sex with men. Also expanding are services providing methadone for those not eligible for Medical, and some special services which focus on the residential Latino population and women and children.

WC asked of all three presenters what services are specifically targeted at PWAs (i.e. what do PWAs get due to CARE funding that non-PWAs do not). *Monique Zmuda* responded that San Francisco has three residential substance abuse programs specifically for PWAs, and that CARE further funds aftercare, detox, outpatient substance abuse treatment and case management for HIV+ patients. If CARE dollars were not allocated to these programs then HIV+ patients would wait in line with everyone else, whereas *with* this money they are guaranteed a place in service. Larry Meredith further stated that CARE dollars *can not be used* for HIV- patients. *WC* asked if any of the #6.4 million allocated to substance abuse in 1996 was used for primary care for people in treatment programs. *Mrs. Zmuda* said that it could only be used for substance abuse treatment, not primary care. *BG* noted that people in treatment programs do, however, get a lot of support to get primary care.

I. **URS Data**:

Tia Martinez distributed and explained the Uniformed Reporting System Data from 7/1/96-12/31/96 (see handout). She noted that on the charts the seroprevalence numbers are a best guess, whereas all other numbers are real. *DJ* asked if AIDS cases are included in the seroprevalence estimates. *TM* responded that they are. *DJoe* asked if underinsured people were included in live AIDS cases. Again, the answer is yes. *TM* reported that CARE seems to be largely reaching the target population, and particularly women. *LT* asked where the transgender population is likely to be categorized in those areas where transgender was not an option. *TM* responded that for live cases transgenders would be categorized according to their medical record/ legal gender status. *PC* asked which numbers were taken from which parts of the EMA. *TM* responded that the URS data is from San Francisco and San Mateo, live underinsured and all live AIDS cases include only San Francisco, and seroprevalence includes the entire EMA.

II. **Evaluation and Assessment Committee and AIDS office report**:

Russ Zellers, *Will Carter*, *Tom Calvanese* and *Danny Joe* presented the numbers developed by the AIDS Office in conjunction with the Evaluation and Assessment Committee which break down the use of CARE money in the 1996-97 fiscal year. WC explained that these numbers are a combination of *RZ*'s information and *Mitch Katz*'s data, which have been reconciled in areas of difference, and that all the numbers presented here agree. He also noted that, according to the numbers presented, 62% of the CARE allocated money to four categories, and 29% is was allocated to the rest. In conclusion, *WC* repeated what was stated in his memo to the council: read this packet like a reference book rather than a novel, and don't use it to check the allocation to your specific service and compare with others.

XIII. **San Mateo and Marin Counties:**

JC distributed seroprevalence estimates to add to the packet of information on San Mateo County, and reviewed the information in the packet. He explained that the San Mateo County AIDS Program is part of the health division of the Health Department. The program resembles the SF AIDS Office in that it puts CARE money out in contracts to community-based nonprofit organizations, but differs in that it also provides primary medical care and many socia services. He noted the high utilization of services by women and people of color, especially as compared to that reported in San Francisco. Another point to note: no one mentions lack of access to treatment in San Mateo. In conclusion, *JC* invited all present to visit San Mateo County for a tour of the facilities.

WC asked what substance abuse services are available to PWAs and not non-PWAs. *JC* answered that PWAs are given priority in substance abuse programs (as in San Francisco), and San Mateo has HIV-specific support groups. *MJW* furthered that in the past it was difficult to get PWAs into substance abuse treatment programs because they are frequently on medications, but now that there is money allocated to these programs specifically for treatment of PWAs they are changing the rules about medication.

KW, the executive director of the Marin AIDS Project, reviewed the information handed out on Marin. He noted that the Marin AIDS Project is the main provider in the county. This organization, in addition to overseeing AIDS services provided by other organizations, also provides benefits advocacy, case management, volunteer services, food pantry and more. The organization also provides services to inmates at San Quinten, including health promotion for HIV+ inmates, health training programs and a visitors program which includes education on safe sex. The substance abuse money allocated in Marin goes to the Substance Abuse Treatment Center, which is the largest of its focus in Marin, where it funds case management for PWAs, among other things. Marin is not part of the Medical system, but one which provides less coverage. He also noted that all the Marin HOPWA money goes to rent subsidies, and there are no hospices in Marin. He concluded that CARE funds 65% of the basic services in Marin, and the rest is fundraised.

JG asked if the county representatives are advocating for more money or simply provided information on allocations to San Francisco vs. the counties for our information. *JC* said the intention was to provide information, not push for more funding. GG noted that no dental information is included in the data from Marin. *KW* responded that he's not sure, but thinks there may not be a dental program under CARE in the county. WC asked the vacancy rate in the counties. *KW* responded that it is the same as in San Francisco. *MJW* said the same is true of San Mateo, but in San Mateo there is very little subsidized housing as well. *BC* asked if Marin gets financial assistance to AIDS services from the county *KW* responded that the county pays for some case management and administrative costs. *PC* noted that the discussion of amounts allocated to different counties is a very touchy, political and somewhat dangerous one, and should be approached with great caution.

XIV. **Small Group Discussion**

XV. **Adjournment**: 8:00 PM

P = Present; A = Absent; E = Excused Absence; L = Leave of Absence					
James Abrams	E	Mariam Farooq	L	Carmen Portillo	A
Kirsten Balano	P	Barbara Garcia	P	Ron Reynolds	P
Marianna Balquiedra	P	Carol Gong	A	Alissa Riker	P
Jeff Byers	P	Gene Gowdey	P	Joy Rucker	A
Virginia Cafaro	A	John Gressman	P	Barry Savage	E
Tom Calvanese	P	Dee Hampton	L	Thomas Sinclair	E
William Carter	P	Ron Hill	E	Laura Thomas	P
Bart Casimir	P	Danny Joe	P	Rita Times	P
Michael Chesek	E	Diane Jones	P	Kelly Wallace	P
Pat Christen	P	Susan Karp	P	Mary Jane Wood	P
John Conley	P	Steve Lew	P		
Mark Dunlop	E	Norm Nickens	P		

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HIV HEALTH SERVICES PLANNING COUNCIL

August 4, 1997

The Agenda of this meeting is missing.

San Francisco Public Library
Government Information Center

Mayor's HIV Health Services Planning Council — August 4, 1997

Minutes of Meeting

I. **Call to Order**: 4:35 PM

II. **Roll Call**

III. **Approval of 7/21 Minutes**: The minutes were mistakenly omitted from the pre-meeting packet, so their approval was delayed to the 8/11 meeting.

IV. **Approval of Agenda**: *LT* announced a change to the Housing Task Force report. The agenda was approved with these change, no abstentions.

V. **General Announcements**: 1. *JC* asked if the five new members received pre-meeting packets. *NN* responded that they had. *JC* offered to be a contact person to answer any questions that new members may have about San Mateo. 2. *Eric Sorensen,* of the AIDS Office, announced that any changes of address, phone number, e-mail etc. should be given to him to update the council list. 3. *Jude Kaye*, of the Support Center, reminded council members to fill out and return organization affiliation forms to her.

VI. **Evaluator's Report**: *Kevin Roe* was not present.

VII. **Public Comment**: No members of the public wished to speak.

VIII. **Subcommittee Reports**:

A. **Community Input Committee**: *BC* reported that the majority of testimony at the second and final public testimony meeting, which was held July 31, focused on the need for housing and importance of AIDS Benefits Counselors and AIDS Emergency Fund. *WC* said that the dirth of public comment at the council meetings is probably due to the public testimony meetings, which have provided people a better forum in which to voice their opinions. They were a very worthwhile use of time. He added to *BC*'s report that the 7/31 meeting also provided useful information on hospice. *TC* said that the Community Input Committee plans to continue holding public testimony meetings throughout the year. *Billy Pick* reported that 421 surveys have been returned, and a preliminary report will be made at the August 11 council meeting.

B. **Evaluation and Assessment Committee**: *WC* reminded the council that the Evaluation and Assessment Committee is now meeting in conjunction with the Prioritization Committee. He reported that at the July 31 meeting the committees discussed the numbers which *Russ Zellers*, *TC* and himself had presented at the July 28 full council meeting. He invited anyone interested in helping the committees in their prioritization process to attend the coming meetings. *DJ* noted that the next meeting is August 7, not 8 (as it appears on the schedule)

C. **Membership Committee:** *NN* reported that the mayor's office has completed the process of appointment of the five new CARE Council members. There is still one space to be filled on the council.

D. **Planning Committee**: *JC* distributed the minutes from the July 31 meeting. He reported that *DJ* attended that meeting and filled the committee members in on what the Prioritization and Evaluation and Assessment Committees are doing. In addition, *LT* and *SL* are currently finishing the consensus report, which will highlight recent significant changes. *LT* explained that the document aims to enable the Planning Committee to have input into the prioritization process by looking at the five-year plan and long-term changes and issues. *TC* asked about the meeting noted in the minutes, which was attended by *LT*, *SL*, *NN*, *Pat Reynolds* and *Michelle Long Dixon*. *LT* explained that that meeting was held for the Planning Committee to ascertain the AIDS Office's capacity to issue new RFPs, and therefor what the committee can ask of the AIDS Office regarding RFPs. It is still unknown, but the CARE Council will receive a report-back when the answer is available. *WC* requested a copy of the Reductions Protocol. *LT* offered to bring copies to the council. *JC* reported that the Planning Committee tabled the issue of the Reductions Protocol until after August.

E. **Housing Task Force**: *JR* reported that Carla's presentation and shallow rental subsidies were discussed at the last meeting. *TC* reminded the council that $250,000 which previously funded the CHIPS program has been re-allocated to a shallow rent subsidy program. The AIDS Office is in the process of negotiating a contract, which follows the criteria set by the CARE Council with one change: instead of using the CHIPS waiting list subsidies will be given on a first come, first served basis. This change was made in an effort to ensure that the neediest be

targeted. *MJW* voiced concern about the possible legal consequences of not using the CHIPS waiting list, due to the fact that everyone in San Francisco thinks that the only way to get housing is to get on that list. *TC* explained that the process of locating people on that list is long and arduous, and the program needs to get going as quickly as possible. He further noted that the CHIPS list was not intended to provide emergency housing , while the shallow rent subsidy program is. Therefor they should not be related. Furthermore, it has always been possible to get emergency housing through means other than the CHIPS list. The next Housing Task Force Committee meeting was set for August 13 at 5:00.

F. **Prioritization Committee**: *DJ* thanked members of the AIDS Office who have aided the committee in its current task, and reported that the goal of the Prioritization Committee at this point is to come to the August 23 council meeting with proposals for the prioritization. She invited all interested in the prioritization process to attend the coming meetings, and said that anyone who can not attend but has an idea for prioritization can write it up and submit it to the committee. At the July 31 meeting, the committee discussed the CARE target population, that being the neediest. The committee developed a definition of "neediest": low socioeconomic status, uninsured or underinsured, high level of illness. At the August 7 meeting, the committee will discuss the service categories of substance abuse, mental health and case management, the goal being to create guidelines for the directions these categories should take. At the August 11 meeting (12:00-4:00), the committee plans to generate prioritization proposals, which will be presented to the council before August 23. The August 18 prioritization meeting (11:00-1:00), will focus on finalizing the retreat plans. *KW* asked how long the retreat is expected to last. *DJ* said that it traditionally runs all day, but perhaps the new process implemented by the Prioritization Committee will shorten it.

IX. **Co-chairs' Report**:

NN gave cudos to *TC* for mentoring a new council member, and admonished others to follow his example. He distributed copies of the letters of appointment to the new members, and reported that he will not attend the August 11 council meeting. *WC* asked when the next Steering Committee meeting will be. *NN* said that it is not yet scheduled.

X. **Multi-Diagnosed Panel:**

Maria Ramos, of the Support Center, introduced herself and her role as a consultant to the council, and gave her phone number (541-9000, x343), for anyone who needs to reach her. *DJ* introduced the panel, which focused on the changes in needs of PWAs with mental illness and/or substance abuse problems.

Panel Members: 1. *David Bangsburg*, who works with the Center for AIDS Prevention Study and has conducted research of TB and HIV in the homeless population 2. *Cynthia Weisman-Kelly*, social worker 3. *Katherine Lyons*, nurse practitioner in Ward 86 who has worked with multi-diagnosed PWAs for five years 4. *Tia Martinez*, of the AIDS Office, who will speak about new outcome measures for substance abuse services.

David Bangsburg explained that the Center for AIDS Prevention serves the homeless and marginally housed in the Tenderloin and SOMA areas. The study in which he is currently involved includes about 120 PWAs, and seeks to determine the major causes of illness and mortality in this population, and what can be done to improve its healthcare. *Dr. Bangsburg* made three main points: 1. this is a large population (that being the urban poor, homeless and marginally-housed) 2. this is a complicated, multidisciplinary problem, but it is not hopeless 3. the solution lies in integrated housing, substance abuse and mental health treatment and medical care. He presented statistics on the numbers of HIV+ people in hotels, shelters and on the street in SF, as well as breakdowns of gender, race/ethnicity, age and sexual identity. He concluded from these numbers that the population is best described as non-white men who have sex with men and are injection drug users. He also presented information on the use of services, which showed that 73% of those in the study have regular medical appointments, and 10% of the population account for 50% of the ER visits. There appears to be no correlation between CD4 count and frequency of ER admissions, and in fact the majority of ER visits are due to trauma or pneumonia, followed by drug abscesses and overdoses. From this data he concluded that the majority of those studied have stable health care, and most adhere to the prescribed therapy.

Questions: *PC:* how is trauma defined in this study? It refers to stab wounds, gunshot wounds etc. *JA:* why are Native Americans not included in the race/ethnicity breakdown? Only one is included in the study, which is not enough to constitute a statistical category.

KW: do the researchers conduct HIV tests on study participants? Prospective subjects are identified in the street and tested for HIV and tuberculosis, and given pre- and post-test counseling. 80% have had HIV tests before. Those found HIV+ are enrolled in the study.

BC: what types of tests are conducted in terms of viral load? HIV, CD4 cell count and beginning to test viral load. *BC*: how long have you been serving this population? We do not serve, we observe, and have been doing so for 13 months.

MS: how long is this study scheduled to run? Four years. *MS*: Why are there no adolescents in the data presented? Presenting data on youth involves issues of consent which make it difficult.

TC: is the study looking for drug resistance? Yes, but not enough data has been collected to show whether resistance is an issue.

Cynthia Weisman-Kelly reported that the people she serves on 5A have substance abuse and mental health issues, in addition to HIV. They are usually discharged from the hospital within three days, still very ill, and sent to seven-day hotels, which are dirty and unsafe, and frequently cause people to return to the streets and resume drug use. Many of these patients have been using drugs so long that the highest possible dose of methadone does not help them. Many also do not have the facilities to look for housing, which is the biggest problem. For those who require a skilled nursing facility, if they have a history at the facility and have been disruptive they will only be admitted if they are near death. It is difficult to find case managers for these folks, to get them to medical appointments etc. Ideally case managers would go to where their clients are (in the street, a friend or relative's home...). Patients whose only point of stability is the ER become frustrated and angry with the limitations of the care they receive there.

Questions: *JR* what is your caseload? The number has decreased due to protease inhibitors, so now it's twelve to fifteen people per day, down from twenty to thirty.

Katherine Lyons said that the system which serves PWAs tries to separate AIDS from other issues in patients' lives, such as substance abuse, mental health issues and other physical problems. Thus, people have different case managers for each issue they face. This approach needs to be changed. The system must include case managers for the person as a whole, who not only have knowledge of the different challenges the patient faces, but also stay with that patient throughout the process rather than solely when the patient's level of health fits within specific parameters. In addition to a wholistic approach to case management, there needs to be communication between providers. One new program that is working on a wholistic approach to patient care is the Bridge Project. This program focuses on the client, not the problem(s). At this point the Bridge Project is very crisis oriented, but as it matures it has the potential to become less so. Another promising new program is Tenderloin Care, which focuses on one-on-one interaction with clients. Case managers from this program go to the clients, wherever they are. Another good component of the program is that it includes buddy-companions, who are from the same community as the clients, and do anything from helping to clean a client's room to escorting a client to medical appointments. The buddy also acts as a buffer between the client and the system. Programs such as these help clients not only to access services, but to access them in an appropriate and coordinated way. The case management program for high-users of the San Francisco General ER recently led a pilot study, which showed that success depends on the engagement and relationship with the patient. *Katherine Lyons* concluded by saying that people need to shed their assumptions about multi-diagnosed PWAs.

Tia Martinez reiterated Katherine Lyons' praise of the Bridge Program. The goal of her presentation was to show ways that the CARE Council can turn some of the suggestions given by other panel members into programmatic policy. Money allocated to substance abuse programs should not just hold beds open for PWAs, but should enhance HIV-specific treatments. The AIDS Office recently convened a group of providers, consumers and researchers to adapt the substance abuse contract so that it includes HIV-specific process and outcome objectives. She listed some data sets which programs should gather and analyze in order to help ascertain needed changes, and barriers to the collection of that data. Barriers include: data collection is unfunded, data analysis is an extra burden on clinical staff and it is difficult to obtain follow-up data on clients. The process objective which came out of this effort is: 90% of clients who complete one week in a program have at least one face-to-face encounter with a primary care provider

or case manager. The outcome objective is: 50% of clients who enter a program without a primary care provider or case manager will have at least one follow-up primary care consultation.

XI. **Housing Presentation**:

Betsy Lieberman, of AIDS Housing of Washington, distributed a packet entitled "The State of AIDS Housing 1997". She explained that the mission of AHW is to increase the quantity and quality of housing for PWA throughout the country. The organization is currently working on two projects: a 64 unit housing project scheduled to open August 18 for people with histories of mental illness, substance abuse and homelessness; and a project of 16 scattered site units for families.

Veronica Cauley, PWA and new council member, shared her experiences as a homeless HIV+ woman in San Francisco. She said that without a roof over your head nothing else matters, and no other problems can be tackled. Having a place to live is empowering and essential. Homelessness for women presents issues of hygiene and safety. The Tenderloin Hotels are dangerous and full of drugs, which makes it nearly impossible for anyone in such a situation to stay clean. She is now living in Hazel-Betsy House.

Dan Williams, PWA, explained that two years ago he was on the verge of homelessness, and could find no assistance other than hotel vouchers, which he did not want. He finally was able to get into the Ambassador Hotel, through Lutheran Social Services, which he found to be dirty, in disrepair, full of drugs etc.; not a healthy environment. His CHIPS subsidy was delayed due to a paperwork mistake, which leaves him still seeking acceptable permanent housing. The housing system in San Francisco needs some serious work.

Peggy Campbell, PWA, shared her experiences as a homeless HIV+ woman over the past few years in San Francisco. She expressed strong dissatisfaction with the CHIPS program, and said that life in shelters is unsafe, has no consistency and no support. She further admonished the council to do all possible to get people adequately housed as quickly as possible. *Peggy Campbell's* written testimony is included with these minutes.

Carla Javitz, of the Corporation for Supportive Housing, explained that her organization is currently working with AIDS Housing of Washington to update the five-year HIV/AIDS housing plan for San Francisco. She distributed a packet of preliminary information, much of which came from the SF Redevelopment Agency and Department of Public Health (see packet).

XII. **Small Group Discussion**

XIII. **Adjournment**: 8:00 PM

P = Present; **A** = Absent; **E** = Excused Absence; **L** = Leave of Absence					
James Abrams	P	Mariam Farooq	A	Ron Reynolds	P
Kirsten Balano	P	Barbara Garcia	A	Alissa Riker	A
Marianna Balquiedra	P	Carol Gong	A	Nilda Rodriguez	P
Jeff Byers	A	Gene Gowdey	P	Joy Rucker	P
Virginia Cafaro	A	John Gressman	A	Barry Savage	A
Tom Calvanese	P	Dee Hampton	A	Matthew Sharp	P
William Carter	P	Ron Hill	A	Thomas Sinclair	E
Veronika Cauley		Danny Joe	P	Laura Thomas	P
Bart Casimir	P	Diane Jones	P	Rita Times	P
Michael Chesek	E	Susan Karp	E	Brett VanBenschoten	P
Pat Christen	P	Tony Leoni	P	Kelly Wallace	P
John Conley	P	Steve Lew	E	Mary Jane Wood	P
Mark Dunlop	P	Norm Nickens	P		
		Carmen Portillo	P		

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Dixon

MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL

August 11, 1997

San Francisco AIDS Foundation, 10 U.N. Plaza, 6th Floor Conference Room

AGENDA

I.	Call to Order	4:30 PM
II.	Roll Call	
III.	Review and Approval of Minutes of 7/21/97	
IV.	Review and Approval of Agenda	
V.	General Announcements	
VI.	Evaluator's Report	
VII.	Public Comment	4:45
VIII.	Subcommittee Reports	4:55
	A. Community Input Committee: Report	
	B. Evaluation and Assessment: Report	
	C. Membership Committee: Report	
	D. Planning Committee: Report	
	E. Prioritization Committee: Report	
IX.	Co-chairs Report	5:20
X.	Prioritization:	
	A. Panel Discussion on the Impact of Protease Inhibitors	5:35
	B. Small Group Discussions	6:45
	C. Report Back from Small Groups	7:30
XI.	Adjournment	8:00

Up-coming Meetings:

August 7, 1997 - Priority Setting, AIDS Office, 25 Van Ness, Suite 500, 11:00 AM - 1:00 PM
August 11, 1997 - Priority Setting, AIDS Office, 25 Van Ness, Suite 500, 12:00 - 4:00 PM
August 11, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 8:00 PM
August 13, 1997 - Housing Committee, AIDS Office, 25 Van Ness, Suite 500, 5:00 - 7:00 PM
August 18, 1997 - Priority Setting, AIDS Office, 25 Van Ness, Suite 500, 11:00 AM - 1:00 PM
August 18, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 8:00 PM
August 23, 1997 - Council **Retreat**, Place and Time TBA

San Francisco AIDS Foundation, 10 United Nations Plaza:

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San Francisco Department of Public Health, AIDS Office, 25 Van Ness:

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Mayor's HIV Health Services Planning Council — August 11, 1997

Minutes of Meeting

I. **Call to Order**: 4:40 PM

II. **Roll Call**

III. **Approval of 7/21 Minutes**: The minutes were mistakenly omitted from the pre-meeting packet again, so their approval was delayed to the 8/18 meeting.

IV. **Approval of Agenda**: *WC* requested the addition of a fifteen minute break to the agenda, between items IX and X. The agenda was approved with this change.

V. **General Announcements**: none.

VI. **Evaluator's Report**: *Kevin Roe* apologized for his absence at the August 4 meeting. He had misread the schedule. He also reported that someone wrote "Help!" on a summary sheet which was returned to him, and admonished council members to be diligent about checking in with each other (especially with new members), to ensure no one feels lost in the process.

VII. **Public Comment**:

A. An unidentified person with HIV reported that he has been on the CHIPS list for two years, and was just recently notified that, due to a roommate rule of which he was previously unaware, he is ineligible for a CHIPS subsidy. Regarding care for homeless PWAs, he expressed the opinion that their needs are so complex in terms of substance abuse and mental health issues etc., that money would be better spent on organizations such as AIDS Emergency Fund, which gives directly to PWAs, than in trying to cover each specific need separately. AEF is the only organization that has given him any direct financial aid.

B. *Paula Fenner*, PWA, advocated for the UCSF Women's and Children's Specialty Clinic. In this organization, clients are treated as a whole, addressing not only physical health issues but also mental health, financial needs, future planning etc. Clients receive complete respect and all members of the staff are aware of clients' individual situations. WCSC has provided Paula with a sense of confidence and hope, and is a place where she can get guidance on any issue in her life. She attributes her current health largely to this organization.

C. *Minyon*, PWA, also advocated for the UCSF Women's and Children's Specialty Clinic, where she has received wonderful treatment. She also said that there needs to be more research on women and children with HIV and AIDS, and more HIV-specific housing.

D. *Will Carter*, council member, addressed *Cynthia Laird*, of the Bay Area Reporter, regarding her article which stated that the CARE Council is creating a new housing list. She said that that was her understanding from the August 4 council meeting, where the Housing Task Force reported on the shallow rental subsidy program, which will not use the CHIPS list. *WC* said that she misunderstood the report.

VIII. **Subcommittee Reports**:

A. **Community Input Committee**: *TC* reported that the analysis of the survey is proceeding, and results will be presented at the August 18 council meeting along with the compiled reports from the public testimony meetings. The next Community Input meeting is not yet scheduled.

B. **Evaluation and Assessment Committee**: no report.

C. **Membership Committee**: no report.

D. **Planning Committee**: no report.

E. **Prioritization Committee**: *DJ* reported that the Prioritization Committee met today (8/11), from 12:00 to 4:00PM, and the next meeting has been changed from 11:00-1:00, August 18 to **12:00-4:00PM, August 18**, to be followed by a meeting on **August 19, 10:00-12:00PM**. The committee is working on identifying points of consensus in order to create a prioritization proposal which the council can use as a starting point in the decision-making process on August 23. This document will include recommendations for prioritization within categories, taking into account three funding scenarios, with specific dollar amounts attached. These scenarios are: increased funding, level funding and decreased funding. Also included will be recommended changes for the service system as a whole. The August 7 meeting focused on substance abuse, mental health and case management, the August 11 meeting focused on outpatient/ambulatory and dental care, and the August 18 meeting will be dedicated to the prioritization of the other service categories. All are welcome. Until this point all Prioritization Committee meetings have been open to AIDS Office staff and members of the public, but at the next two meetings public comment will be limited in order to give council members more time to formulate the proposal. The August 23 retreat is scheduled from 9:00AM to 4:30PM, somewhere in San Francisco.

F. **Housing Task Force**: *TC* reported that HTF will meet **August 13, 5:00PM** at 25 Van Ness Ave.

G. **PWA Caucus:** *TC* reported that the PWA Caucus will meet **August 12, 5:00PM** at 25 Van Ness Ave., third floor.

IX. **Co-chairs' Report:**

LT distributed the reports from the August 4 small group discussions, and circulated the correspondence file for council members to peruse and sign up for copies of any documents therein. She reported that *NN* is out of town. She asked if the council still wanted to take a break now, or wait until after the panel. The council decided to postpone the break and promised to return for small group discussions. *DJoe* reminded the council that this meeting is scheduled to last until 8:00PM.

X. **Support Center Staff Report:**

Maria Ramos introduced herself and *Jude Kaye*, and explained that they will be facilitating the retreat on August 23. She referred the council to the small group discussion questions and asked if anything about them needed clarification. *KB* noted that the question sheets are designed for ideas and points of discussion, not answers to the questions. *MR* further explained that these sheets need to be returned to herself or *JK* at the end of each meeting so that they can review them and report back to the council, and suggested that someone in each group be designated to fill out the sheet and return it. She also reminded council members to fill out the affiliation disclosure forms, because they may be used at the retreat.

XI. **Panel Discussion--the Impact of Protease Inhibitors:**

KB introduced the panel members and distributed a fact sheet of AIDS drugs. The goal of this panel is to raise council awareness of the number of medications currently available to PWAs, the differences between them, the complexities of their usage and the effect they are having.

Panel Members: 1. *Dr. John Stansell*, Medical Director of Ward 86 2. *Phoebe Dodick*, pediatric nurse practitioner at Larkin Street Youth Clinic 3. *Jackie Tulsky*, of the Methadone Maintenance program on Ward 93 4. *Robert McClose*, PWA and patient of *Jackie Tulsky* 5. *G'dali Braverman*, of the API Wellness Center.

Dr. Stansell said that his focus would be the effect of protease inhibitors on the utilization of outpatient services, and warned the council that as a primary care provider he has a bias in this discussion. He expressed the opinion that it is not protease inhibitors alone which have brought this epidemic and its services to where they are now. Examining trends in mortality, utilization of resources and diagnoses associated with end-stage HIV, it is clear that the virulence of the AIDS epidemic has decreased over the past five years. For example, in 1992 SF General treated about 32 cases of PCP per month; now it treats 3-5 cases. This trend began long before protease inhibitors became available. The sources of this trend are: 1. selection within the HIV epidemic (i.e. people who were prone to survival are still alive while those more likely to succumb to the disease have died) 2. use of combination therapy 3. more effective use of prophylactic antibiotics to treat complications and prevent end-stage disease.

Dr. Stansell distributed a packet entitled "The Effect of Protease Inhibitors on Utilization of Outpatient CARE Services". This packet shows statistically what has been the SF General Hospital unduplicated client base, utilization of services and trends in CD4 counts (see packet). He reported that patients generally are seen less frequently now than in the past in order to accommodate an increase in the number of patients. More people now present for treatment because the effectiveness of antiretroviral therapy is becoming more widely recognized.

On the inpatient side, in 1992 ward 86 had 40-50 patients per day with a primary HIV-identified diagnosis, whereas now it serves about 15 per day. This indicates a severe decrease in HIV end-stage complications. However, HIV is now much more complicated to treat than previously, due to the complexities of new drugs, their interactions, patient drug intolerance, complicated regimens etc.

After a year of protease inhibitor use we are now seeing >50% virologic breakthrough in the patient population. This presents the question of whether the HIV virus is becoming less virulent, which is still unknown, and results in a larger, less ill population with new needs.

The remaining areas of unmet need in San Francisco are: the adolescent population, women and people who refuse to access established medical care facilities. The system needs to have adaptable services and non-traditional medical care settings in order to meet the individual needs of these populations, which are largely multiply-diagnose.

In terms of where to get the money needed to meet increasing needs, *Dr. Stansell* suggested creating a triage system to ensure that only people who need case management get it (money need not be spent on case management for every HIV+ person in the city). Also, not every patient or every neurosis requires long-term mental health treatment.

Questions: *DJ* expressed reluctance to celebrate the CD4 figures just yet, due to past disappointments. *Dr. Stansell* replied that his caution is not misplaced.

TC: regarding the >50% virologic breakthrough, is it possible that there is a relationship between improved prophylaxis and the fact that in spite of the virologic breakthrough you are seeing clinical improvement. *Dr. Stansell* answered that many factors play into the increase in CD4 counts, making it difficult to attribute it to any one.

WC: what are your thoughts on the use of protease inhibitors for homeless populations and active substance users? *Dr. Stansell* expressed the opinion that no class of people should be excluded from therapy, and reported that some of his most compliant patients

are active users. Homelessness presents challenges in terms of the type of drug that can be prescribed, for example Ritonavir can not be used by someone without access to refrigeration.

TL: where do homeless patients keep medications? *Dr. Stansell* reported that pharmacists sometimes give out drug dispensers, sometimes places to "stash" drugs are set up, and sometimes ward 86 keeps patients' drugs for them.

GG: what is the impact of patients' physical condition on the success of triple therapy? *Dr. Stansell* replied that all aspects of a patient's physical health, mental health and circumstances play into the success of therapy.

RT: have you seen a demographic change in the population you treat? *Dr. Stansell* replied that there has been a huge change over the past five years: an 11% increase in women, huge increase in people of color, some increase in IDUs (especially speed among gay men). In general, the population which presents now is much more socioeconomically disadvantaged than it was five year ago.

VC: what percentage of the patients at ward 86 are unable to take medications? *Dr. Stansell* explained that usually the side effects of medications are controllable such that few people are unable to take them. The one area which remains a challenge is protease inhibitors causing liver toxicity in people with Hep B and Hep C. These people are treated by carefully choosing about three antiretroviral medications which can be tolerated. This method does not have the same success as protease inhibitors, but is still very helpful.

Phoebe Dodick reported that the Larkin Street Clinic is part of the DPH's Community Health Network, and it is an outpatient clinic which serves street-based youth from ages 12 to 25, including HIV+ youth and those who are HIV- but at high risk. The clinic is situated within the Larkin Street Youth Center, which is non-profit. Right now the clinic has about 46 HIV+ patients, most of whom are white males. Most patients are multiply-diagnosed, many are IDUs and many have mental health problems. All the patients were homeless upon intake, but most have subsequently been housed through the Larkin Street Youth Center. The clinic is the first primary care provider contacted by most of the clients.

New medications have enabled many HIV+ youth to view their disease with more optimism than before. These medications and the more comprehensive laboratory results have turned this population around in terms of their physical health, stability, engagement with healthcare and supportive services and level of fatalism. Regarding the medications themselves, the strictness of their regimens and prerequisites for their use are barriers for many youth. Thus, medications which are taken fewer times per day, or fewer days per week, are more useful for the homeless youth population. Despite this fact, 75% of the Larkin Street Clinic's patients are on a multi-drug regimen, and those who are not either do not need drugs at this time or have opted not to take them.

The main challenges facing the population seen at Larkin Street Clinic include substance abuse, homelessness and mental health. More pharmaceutical options need to be developed which take into account to situations and needs of youth. These options would need to include more flexible regimens and less stringent requirements for their use. In addition, community-based medicine should be a higher priority in the care system in order to enable clinics such as Larkin Street to fully serve their clientele without barriers which stem from lack of resources. In terms of where the money could come from, providers need to ensure that in cases where they can get some reimbursement for patients, they do so.

Dr. Jackie Tulsky introduced her client, *Robert McClose*, who has been involved in the ward 93 methadone maintenance program for a year and is now beginning antiretroviral therapy. He is also part of a program initiated by the nursing and drug counselor staff to educate patients about antiretroviral therapy. *Mr. McClose* expressed excitement, and no reservations, about beginning drug therapy. This excitement stems from what he has heard on ward 93, among the patients, about the success of antiretroviral therapy, and although side effects do occur, he feels confident that he can deal with them as they arise. In terms of what would make the drug regimen easier or harder to follow, he plans to keep a journal in order to help him keep track of what needs to be done, and when. Finally, for *Mr. McClose* the clinic has been incredibly helpful, and being able to go there seven days per week makes all the difference.

Dr. Tulsky noted that for some patients more structure to their treatment is empowering, rather than overwhelming. She also stressed that much of the excitement about new treatments is generated within the patient community itself, rather than being imparted on patients by their providers.

Dr. Tulsky distributed a handout entitled "Hard-to-Reach Populations: The Dilemma of HIV Care in the Era of Protease Inhibitors" (see handout). This handout discusses hard-to-reach populations, such as illegal immigrants, and outlines her thoughts on the current treatment-centered, rather than people-centered, nature of HIV care. In addition, the handout lists suggestions for program features which can make HIV care more just and accessible to those who need it, and concludes with a section entitled "Available and Needed Resources".

G'dali Braverman distributed a handout entitled "Asian & Pacific Islander Wellness Center Community HIV/AIDS Services" (see handout). He agreed with *Dr. Tulsky* that treatments have evolved so rapidly that the infrastructure needed to enable the full use of new treatments by all populations does not yet exist. The challenge to providers is how to make staff knowledgeable about the incredible complexity of new treatments, their regimens, interactions, side effects etc. In addition, although PWAs' health appears to

be on the rise due to new treatments, providers still need to be prepared for that to change, and for not everyone to be helped by these drugs. Providers also need to be prepared for the incredible increase in complexity of HIV/AIDS treatment, and the increase in help that patients will require in order to deal with it.

He expressed the opinion that the most important issue to address first in a client is mental health, because that effects behavior, which in turn determines risk, adherence to therapy etc. *Mr. Braverman* also said that women are still under-accessing services, and accessing them late, and there are too few services for HIV+ women with children, and HIV+ women who want to have children.

Questions: *WC:* what do all of you think about the idea that HIV can not be treated until substance abuse is treated? *Phoebe Dodick* responded that she believes HIV treatment should be made available unconditionally. It would be arrogant for any provider to think they can predict the path of a person's addiction, and address their treatment according to that prediction. *G'dali Braverman* said that anyone able to request help should get it. The challenge for providers with patients who have substance abuse problems is compliance. Thus it is important to assess each patient's ability to adhere to a treatment regimen, but that should not be determined by substance issues. *Robert McClose* expressed the opinion that it would be wrong to deny treatment to anyone who wanted it. *Jackie Tulsky* said that patients should be assessed individually, rather than according to a blanket rule regarding HIV treatment and substance abuse. If a patient is unlikely to be able to follow a drug regimen then it would be unwise to prescribe one because they may develop a tolerance to the drug due to incorrect use. It is important to remember that most homeless people with substance abuse problems die of overdoses or violence, not AIDS. For the purposes of the CARE Council, *Dr. Tulsky* recommended ensuring the existence of different programs which meet the needs of HIV+ substance users in different ways---some which accept patients unconditionally, and some which have various requirements for admission.

BVB: what have you seen among young people in terms of the impact--emotional and physical--of new treatments? *Phoebe Dodick* said that the long-term effects these treatments will have on youth are unknown. Emotionally, the success of new drugs is greatly decreasing the amount of fatalism among HIV+ street youth, many of whom now have the optimism to make future plans for the first time. On the other hand, those who are HIV+ but not sick are often shocked by the complexity of the drugs they are offered, and being told to start strict regimens gives them the message that they are very sick, even though they don't feel it. *G'dali Braverman* said that because HIV effects the endocrine system, which controls hormones, it is crucial to control it in young people who are still developing, both physically and emotionally.

VC: how effective are protease inhibitors for people taking methadone? *Jackie Tulsky* said that most of her patients are not on protease inhibitors because all have Hep C. However, there is no reason at this point to think that methadone effects the success of these drugs, and if anything it probably increases compliance because these patients are already used to a treatment regimen and can simply incorporate protease inhibitors into their already-existing schedule.

XII. Group Discussion:

Due to dwindling of the council after the break, those remaining decided to have a large group discussion instead of breaking into small groups. *Jude Kaye*, of the Support Center, facilitated.

Question #1: Where there has been success with new treatments, what has changed in clients service needs (i.e., increasing primary care needs, decreasing hospice, etc.)?

DJ noted two changes: the increased cost of treatment and the importance of careful timing in the use of antiretroviral treatments.

SL noted increased interest in treatment counseling, and decreasing use of buddy companion services.

WC observed that the HIV+ population is becoming more dynamic because their lives no longer progress along a set route from infection to illness to death. The system needs to change in a way that reflects the new ability of PWAs to follow a different path. This change must include the formation of linkages between different housing programs along the spectrum so that people can change their housing situations according to their needs at any given time. *WC* also reminded the council that access to primary care for everyone must be the council's first priority.

GG cited *John Stansell's* report that PWAs are requiring less inpatient care than previously, and suggested that this fact indicates an increased need for programs which help maintain people with a somewhat higher level of health, such as hospice and home healthcare.

TC said that the traditional view of hospice needs to be adapted to the new needs of PWAs because it is no longer necessarily a place where people go to die. Regarding access to treatment: some populations have historically accessed care very well, and therefor may have less need of traditional hospice programs, but other populations still require hospice-level care due to historical under-utilization of services. He also agreed with *G'dali Braverman* that all people who serve PWAs need to have a working knowledge of the treatments which are available.

MJW observed that the client advocacy category encompasses most of the access issues that are being discussed, yet that category has historically ranked very low in prioritization. The council should re-prioritize this category to reflect its commitment to access for everyone.

KB noted that the current push to get people out of hospitals creates a greater need for home health services. Therefor, hospice and home care should be re-examined and perhaps redefined in order to fit their growing importance. In terms of educating all staff who serve PWAs, there is an ongoing program sponsored by the AIDS Office and the AIDS Educational Training Center which trains primary care providers on the use of new treatments. This program is being expanded to include all contractors.

BVB agreed with *MJW* that the client advocacy category needs to be re-prioritized. He also commented that most programs already have a mechanism in place which could be used to create linkages: case conferencing.

JG noted that the panel showed a need for the sort of ongoing support that a primary case manager would provide, and expressed confusion about the difference between client advocacy and case management.

MJW explained that the two categories include different programs. In San Mateo part of the client advocacy category includes a mobile team which finds people and pulls them into programs.

LT said that the already-existing systems which work should be used to effect broad changes rather than starting from scratch.

VC advocated for a primary case manager system, and shared her experience that the system as it currently exists is fragmented and repetitive.

WC said that, in terms of the case management/client advocacy confusion, they are both pieces of the support puzzle, and must represent different points on a continuum of support. Also, it is clear that case management needs to be more active and mobile than it currently is in San Francisco, that it needs to be more HIV-specific, and that not all PWAs require case management at all times. As a second point, the CARE Council needs to do all it can to initiate change and integration now, while it has the power to do so.

BVB said that programs should hold case conferences, with clients present, so the different providers involved in the client's care can communicate, and no one person has to know every single piece of the complicated care puzzle.

DJ said that even with integration there needs to be many different points of entrance into primary care.

JG recommended that the council stop discussing who can take what medications. That is not the job of the CARE Council.

SL said that, while it is true that the council should not try to create a new staff system in the field of client advocacy, it does need to examine the training, standards and capacity in this field. A higher level of expertise may be required to significantly improve the services included in this category.

CP said that the council needs to keep in mind the fact that it can not provide everything to everyone. More emphasis should be placed on the target population, and less concern given to those who do not fit into that population.

DJ responded that the council addressed the question of target population at the July 28 meeting.

CP said that the discussion questions should make it clear that discussion is to focus only on the target population.

WC asked when the ideas being brainstormed would be discussed.

Jude Kaye responded that the Prioritization Committee will work with these ideas at its next meeting.

G'dali Braverman said that discussions of case management should actually focus on the lack of case management, because there is very little at this time. He expressed the hope that the council will mandate quantifiable measures and objectives for case management programs.

Question #2: What barriers exist for people to access new treatments and what changes in the service system need to be made to improve access?

JG reported that some barriers to people accessing the primary care system are lack of trust for the system, language issues, cultural issues and the desire to hide HIV status to family or friends.

KB noted that the timing of therapy is very important, and should not be rushed. Because of this, the council should not be alarmed by the statistics about the number of people in the target population who are still not taking HIV treatments.

WC listed several barriers to access: poverty, race, age, gender, class and education.

BVB noted that the timing of therapy does not only depend on when the drug will have the most biological effect, but also on when is realistic for the client. He also said that primary care should not be completely centralized because it helps clients to have clinics in their own neighborhoods.

AR noted that care should also not be centralized because frequently a client will act out in one facility and not be allowed to return there. Thus, there need to be many different places to access care.

RR stressed the need to define terms. For example, "one stop shopping" does not mean that all the care would be administered from only one location, but that all different types of care are available at a given place (Larkin Street Youth Center is an example of this type of system).

TC recommended that the Prioritization Committee come to the next council meeting with copies of its definition of "severe need" for people to read and keep in mind during subsequent discussions. Using this definition, with the co-morbidities and special needs lists, will help keep the council focused on the target population. Regarding one stop shopping, there is a current shift in how

services are provided for PWAs. Historically agencies have been very territorial, and therefor the system is organized in a competitive way which creates disincentives for the kind of integration that is now becoming a priority. So far the AIDS Office has not provided any stronger wording on the issue than "we encourage collaboration", and the CARE Council can not get it to take a more definitive stance. Regardless of this, it has been shown that a team effort works, but is not the same as one stop shopping.

NR said that the current system is riddled with points of overlap between agencies, which wastes time and money. She suggested that the population which can best help PWAs (especially those with substance abuse and mental health problems, who have been incarcerated, homeless etc.), are people who have been through the same trials. Utilizing this population would not only prove more effective, but also provide jobs for PWAs.

MS said that education is very important for everyone who serves PWAs, and although no one can be an expert on every aspect of HIV/AIDS care, people need to be generally more aware.

XIII. **Adjournment:** 8:00 PM

P = Present; A = Absent; E = Excused Absence; L = Leave of Absence					
James Abrams	E	Mariam Farooq	A	Ron Reynolds	P
Kirsten Balano	P	Barbara Garcia	E	Alissa Riker	P
Marianna Balquiedra	P	Carol Gong	A	Nilda Rodriguez	P
Jeff Byers	A	Gene Gowdey	P	Joy Rucker	A
Virginia Cafaro	A	John Gressman	P	Barry Savage	P
Tom Calvanese	P	Dee Hampton	E	Matthew Sharp	P
William Carter	P	Ron Hill	E	Thomas Sinclair	E
Veronika Cauley	P	Danny Joe	P	Laura Thomas	P
Bart Casimir	A	Diane Jones	P	Rita Times	P
Michael Chesek	E	Susan Karp	P	Brett VanBenschoten	P
Pat Christen	P	Tony Leoni	P	Kelly Wallace	E
John Conley	A	Steve Lew	P	Mary Jane Wood	P
Mark Dunlop	P	Norm Nickens	E		
		Carmen Portillo	P		

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HIV HEALTH SERVICES PLANNING COUNCIL

August 18, 1997

The Agenda of this meeting is missing.

San Francisco Public Library
Government Information Center

Mayor's HIV Health Services Planning Council

August 18, 1997

Minutes of Meeting

. **Call to Order**: 4:40 PM

I. **Roll Call** [1]

II. **Approval of Minutes**: 7/21: minutes were approved; *JB, DJ, TC, RT, MS, BVB* and *SL* abstaining.
7/28: minutes were approved; *RT, JB, JA* and *BVB* abstaining.
8/4: minutes were approved; *SL, RT, MS, DJ* and *JA* abstaining.

V. **Approval of Agenda**: *TC* requested the addition of a 10-minute report from the PWA Caucus after the Community Input Committee report. He also requested time to present a letter which he received from *Mark Dunlop*. This change was added after the subcommittee reports. The agenda was approved with the above changes, no abstentions.

/. **General Announcements**: *LT* announced that on August 19 the SF AIDS Foundation will be hosting a round-table on needle exchange, noon-1:30 in the sixth floor conference room. Those interested in attending call 487-3080. All are welcome.

VI. **Evaluator's Report**: *Kevin Roe* announced that the small group questions on this meeting's form relate to the entire small group process. Also, DON'T LEAVE during the pre-small group break. Some recent small group discussions have been difficult due to attrition of the council, and it would be a shame to lose the break due to poor post-break attendance. He finally congratulated the council on its improvements over last year, and expressed the opinion that the retreat will be fun.

VII. **Public Comment**:

A. *Patty Radigan,* PWA, advocated for Family Support Services, which has provided her with much-needed respite care. She also said that BAPAC is a great service for women and children.

B. *Vera Jackson,* person with HIV, advocated for the UCSF Women and Children's Clinic, which has always helped her when she needed it, and expressed the opinion that women need more respite care options.

C. *Debra Wallace,* person with HIV, said that the respite care she receives from Family Support Services has enabled her to go back to school, and makes it easier for her to get to appointments. She also advocated for BAPAC, which helped her through one of her pregnancies and has helped keep her children healthy.

D. *Rita Shiman*, Director of HIV Services at Lyon-Martin Women's Health Services, advocated for more women-specific services, and said that some HIV services provided through SF hospitals are not adequate for women. She noted that women are continuously under-prioritized, presumably because there are fewer documented HIV+ women than men. However, the death rate of male PWAs is on the decline, while that of women is rising. This demonstrates the need to re-prioritize women in the HIV service system.

E. *Pamela Isaacs*, community- and federal-level housing advocate, reiterated *Rita Shiman*'s call for more women-specific HIV services, and especially services for women with children.

F. *Janis Falco*, of the Hazel Betsey Program, said that she is working on a survey to gather information on the needs of HIV+ women, for which data is currently lacking. She noted that data regarding the number of women effected by HIV does not take into account that many HIV+ women have children, who are effected by their mother's HIV status. She also stressed the importance of on-site services for women, and the danger of streamlining the service system by reducing on-site services with the thought that they are duplicative.

G. *Will Carter*, CARE Council member, asked those who made public comment what has changed for HIV+ women in the past year. *Rita Shiman* said that at the Lyon-Martin Clinic it has been noticed that women are adhering to protease inhibitor regimens even better than expected. This may be attributed to increased optimism. *Janis Falco* said that women's trust for new treatments is slowly growing as they see their peers succeeding with them. This is also creating a sense of community as women support each other in their experiences with treatments. *Claire Severson*, of the UCSF Women and Children's Specialty Clinic, said that many of her patients are afraid of new HIV treatments, but some embrace them and are beginning to plan for the future as their health returns.

III. **Subcommittee Reports**:

A. **Community Input Committee**: *Billy Pick*, of the AIDS Office, reported that the recent survey asked people to prioritize the seventeen categories according to their needs. He thanked *Jim Illig*, of the Contractor's Association, and *Paul Osowski*, PWA, for their help in disseminating the surveys. Survey results were briefly presented, and *TC* reported that

the final draft of the results will be included in the pre-retreat packet. *WC* explained that 422 responses were received, which should not be considered a representative sample of the HIV+ population in San Francisco. The prioritization ranking from the survey shows general, rather than unmet, need, and many respondents ranked more than one category as their number one need. *WC* also noted that the fact that few people ranked childcare, respite etc. as their first need does not indicate that these are unnecessary services, but that they are very necessary to a relatively small number of respondents. It should be remembered that only 28 of the 422 respondents were women. *DJ* observed that the ranking from the survey is similar to that from last year's prioritization process, and according to the survey direct emergency financial assistance, which is not currently funded by CARE, is an important service.

TC briefly presented the packet of compiled public testimony from the meetings held on July 17 and 31 by the Community Input Committee. No more meetings are currently scheduled.

B. **PWA Caucus:** *MS* reported that at the last meeting the committee discussed the by-laws changes, which it will propose to the council soon after the prioritization process is completed. Concerns which the PWA community has presented to the Planning Council were also discussed. The next meeting is not yet scheduled.

C. **Housing Task Force:** *TC* reported that the committee discussed four issues at its last meeting: 1. Board of Supervisors' allocation out of General Fund for HIV-specific housing; whether the committee should draft a proposal for the use of those funds. It was decided to await more information. 2. HOPWA Loan Committee, its relationship to the CARE Council, and council representation in that committee. 3. AIDS Office update on the implementation of the shallow rent subsidy program. A contractor has been identified, and the program is scheduled to begin September first. 4. HOPWA rollover; the committee requested utilization information on the Redevelopment Agency contracts. *JR* added that the committee plans to propose to the council that HTF become a standing committee. The next HTF meeting will be **August 27, 5:00-7:00**.

D. **Membership Committee:** no report.

E. **Planning Committee:** *SL* distributed and reviewed the Planning Committee Document, which summarizes progress on the five-year plan, as well as the basic goals and outcomes outlined in the plan. The document also incorporates recent needs assessment information and some of the Planning Council's discussions. The final section outlines changes which should be made in the HIV delivery system. The information included involves only San Francisco (not San Mateo or Marin).

F. **Prioritization Committee:** *DJ* reported that the next Prioritization Committee meeting will be **August 19, 10:00-12:00PM**. She noted that the committee has expanded significantly from its original membership of four, which has been a great help to the process and will be evident in the final product. She also thanked *Emily Coles*, of Planning Council logistical support, for her outstanding work as minute-taker.

IX. Request from Mark Dunlop:

TC distributed a letter from *Mark Dunlop*, in which he requests permission to appoint a proxy for the retreat, which he will not attend due to AIDS-related hospitalization. *LT* noted that the current by-laws prohibit the use of proxies or alternates, but that that can be changed if the council wishes to do so, although technically 30-days notice is required to implement a by-laws change. *TC* noted that the issue of proxies was raised earlier, and tabled. *NN* said that the current by-laws state that any member in absentia can submit their opinion regarding a vote to the council in writing, but can not be included in the vote itself. He suggested that *Mark Dunlop* be kept abreast of discussion by phone during the retreat, and allowed to vote by phone. *DJoe* expressed support for *NN*'s idea, and great discomfort with the idea of awarding voting power to a proxy or alternate. He motioned to allow *NN* to communicate with *MD* by phone during the retreat, and allow *MD* to vote by phone. *JR* seconded the motion, and said that the idea of alternates should be revisited because the council suffers when PWA representation is depleated due to AIDS-related illness. *TL* agreed that, given the nature and mandate of this council, provisions should be made for PWAs who miss meetings due to health. Regarding the motion, *JR* asked if *MD* will be able to take phone calls throughout the day. *NN* said that he *MD* was unsure when they last spoke. He asked if this motion is specific to this situation, or is proposed to apply to like situations in the future. *DJoe* said it is only intended for *MD* at this time. *LT* requested an amendment to the motion to specify communication with *MD* via speaker phone. A vote was called and the motion passed with no abstentions [2].

X. Co-chairs' Report: No report.

X. Retreat Planning and Orientation:

DJ announced that the retreat will be held **Saturday, August 23 from 9:00AM to 4:30PM** at 425 Market St. (in the SFSU Downtown Center), in suite 301. She reminded council members to fill out conflict of interest statements and return them to *Maria Ramos*, of the Support Center, before the retreat, so that they can be distributed before discussion begins. *MS* asked

how the conflict of interest information is used. *WC* replied that members can not vote on issues where they have a conflict. *SL* clarified that conflicts do not apply to the service category level, but to specific contracts. *LT* further stated that the procedure in the past has been to prohibit a vote due to conflict of interest solely if the vote effects only one organization.

DJ distributed and reviewed four documents:

1. "The Council's Mandate"
2. "Prioritization Committee Definition of Target Population"
3. "Considerations for Prioritization"
4. "1998 Prioritization Overview/Consensus"

She noted that the Prioritization Committee's definition of the target population is not an exhaustive list, and African Americans are specifically included due to the abundance of data which demonstrates this population's low access to treatment. Other populations exist which also have low access, but are not listed here due to insufficient statistical evidence. Also on this document, the word "undocumented" should be replaced by "immigrants".

BP requested further explanation of the statement "Due to new therapies, the dynamic of disease progression can be altered", on the "Considerations for Prioritization" sheet. *WC* explained that the advent of new treatments has made the progression of HIV disease less predictable, which needs to be acknowledged by the council and the service system as a whole. *BC* asked how this fact effects the prioritization process. *WC* replied that one of the largest areas of impact will be in hospice services, which must change to accommodate people who need hospice-level care at certain times, but no longer need it as a place to go without expectation of recovery.

DJ distributed and reviewed the prioritization handout developed by *TC* and *WC*, which is to be used as a starting point for small group discussions. In this packet, each service category is examined in relation to severe need, and types of services were identified which may best meet the needs of the target population. Also examined are the challenges, goals, outcomes and linkages for each category. The first page shows a possible re-grouping of services to consolidate similar services within the same category.

The council broke into four discussion groups, each of which was assigned one of the following to discuss and prioritize: 1.Outpatient/Ambulatory Care/Dental, 2. Housing/Hospice/Home Care, 3. Mental Health/Substance Abuse, 4. Supportive Services. Council members chose their own groups based on interest and area of expertise. *DJ* stressed that groups will report back to the council as a whole, and should be working toward the creation of directives, not recommendations.

Small Group Report Back:

Group 1; Outpatient/Ambulatory Care/Dental: *KB* reported that the group added youth, women and women with children to the target population, and added the phrase "regardless of health status" to the sentence which ends "ongoing primary care". The group reached consensus on the need to fund family practices where women and their children can be served at the same site. The group also agreed on the need to add other dental services in addition to those offered at University of the Pacific, although no consensus was reached with regards to what or where those new services should be. Whatever dental services are added would need to be HIV-specific. Regarding pharmaceuticals, it was agreed that CARE should fund AIDS-related medications which are not covered by insurance, as well as AIDS education, medisets and other facilities which improve access. For the linkage section the group added linkages to childcare and transportation.

Group 2; Housing/Hospice/Home Care: *CP* reported that the group decided to add PWAs without permanent housing (such as those in transitional housing), adults with dependant children, and homeless multiply-diagnosed PWAs who are active substance users to the target population. The income criteria which the group agreed upon was 50% of very low income as defined by HUD. In terms of permanent housing, the group agreed to add disabling HIV as one of the criteria. No consensus was reached on criteria for transitional housing. The group agreed that home health services should shift into the primary care category, and wished to change the name "on site services" to "stabilization services". For CARE-funded linkages the group specified primary care/home health, and for other available resources linkages specified General Fund and re-entry programs. Under "goals and outcomes", the group changed the sentence to read "House 1500 people off the CHIPS list by the end of the next CARE funding year using CARE, HOPWA and other available resources", and removed the sentence which says "Make CHIPS compliant with new CARE language". The group also changed the following sentence to read "Create new income eligibility requirements for housing resources through CHIPS". It was also recommended to re-RFP home health services. To the list of challenges the group added "linkages between transitional and permanent housing" and "changes in disability criteria". *TC* added that, under "linkages to other CARE-funded resources" it should be explicitly stated that there must be a link between emergency housing and other housing resources, and added "for active users" to the challenge regarding Harm Reduction Models.

Group 3: Substance Abuse, Mental Health and Case Management: *DJoe* began with the group's suggestions for substance abuse: add youth with HIV, homeless, young IDUs and meth-amphetamine users to the target population; add triage to the types of services; add youth-specific education for providers to the education section; add peer advocates; to linkages add

integrated services that follow a one-stop shopping model and add HOPWA and Substance Abuse Mental Health Services to CSAS as linkages to other available resources. For the mental health category the group agreed to add the homeless to the target population; change "triply and dually diagnosed" to "multiply diagnosed" in the target population list; change the first point under types of service to "psychiatric assessment and triage". and specify that peer advocacy be HIV focused. For the case management category the group agreed to add homeless to the target population and specify "culturally competent" case management under "goals and outcomes".

Group 4; Supportive Services: *MB* reported that the group discussed the possibility of food vouchers as an addition to "types of services" and added primary care and PWAs availing of food services as points of linkage to other CARE-funded resources. In terms of linkages to other available funding, the group agreed that other funding is episodic in the supportive services, making dependable and permanent linkages difficult. Under client advocacy the group added treatment advocacy, and discussed whether benefits counseling should be income-based or based on disease severity, whether CARE is the only source of funding for this service, and the difference in benefits counseling for PWAs and for people with other disabling diseases. In the category of buddy/companion the group questioned the severity of need in populations which receive this service, considered the cost-effectiveness of training volunteers vs. paying staff and acknowledged that the buddy/companion situation is different in Marin. Regarding Planning Council support, the group suggested that Reggie be CARE funded.

XII. **Adjournment**: 8:00 PM

P = Present; A = Absent; E = Excused Absence; L = Leave of Absence; Y=Yes; N=No

	1	2		1	2		1	2
James Abrams	P	Y	Mariam Farooq	L		Carmen Portillo	P	Y
Kirsten Balano	P	Y	Barbara Garcia	E		Ron Reynolds	E	
Marianna Balquiedra	P	Y	Carol Gong	A		Alissa Riker	A	
Jeff Byers	P	Y	Gene Gowdey	P	Y	Nilda Rodriguez	P	Y
Virginia Cafaro	A		John Gressman	A		Joy Rucker	P	Y
Tom Calvanese	P	Y	Dee Hampton	L		Barry Savage	A	
William Carter	P	Y	Ron Hill	E		Matthew Sharp	P	Y
Veronika Cauley	P	Y	Danny Joe	P	Y	Thomas Sinclair	E	
Bart Casimir	P	Y	Diane Jones	P	Y	Laura Thomas	P	Y
Michael Chesek	P	Y	Susan Karp	E		Rita Times	P	Y
Pat Christen	A		Tony Leone	P	Y	Brett VanBenscho	P	Y
John Conley	A		Steve Lew	P	Y	Kelly Wallace	P	Y
Mark Dunlop	E		Norm Nickens	P	Y	Mary Jane Wood	P	Y

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Dixon

Mayor's HIV Health Services Planning Council
August 23, 1997 Retreat
450 Market Street (at Freemont), 3rd Floor, Room 310

Retreat Agenda

I.	Coffee and snacks	9:00AM
II.	Public Comment	9:30
III.	Departmental Overview -- Dr. Mitch Katz	9:45
IV.	Review of consensus points, severe need and conflict of interest	10:05
V.	Priority order and changes in service categories (vote)	10:30
VI.	Break	10:45
VII.	Small group discussions on priorities and allocation	11:00
VIII.	Lunch	12:30PM
IX.	Report back from small groups	1:30
X.	Discussion, consensus and VOTE	2:30
XI.	Evaluation	4:30

Up-coming Meetings:

Aug 27, 1997 - Housing Task Force, AIDS Office, 25 Van Ness, Suite 500, 5:00 - 7:00 PM

425 Market Street (at Freemont)

The site is fully accessible, and assistive hearing devices and signing are provided upon adequate notice Minutes of meetings and all information distributed to the Council Members, are available for inspection and copying For further information, call the Council's staff, 415-554-9136. The closest accessible BART Station is Embarcadero Accessible MUNI lines serving this location are: #42 Downtown Loop, #71 Haight/Noriega, #9 San Bruno, #38 Geary, and Metro Embarcadero station For more information about MUNI accessible services, call 923-6142. *Minutes of Meetings are tentative until formally approved by the Council.*

San Francisco Department of Public Health, AIDS Office, 25 Van Ness:

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Mayor's HIV Health Services Planning Council

August 23, 1997

Minutes of Retreat

'. **Call to Order:** 9:35 AM

II. **Roll Call:** [1]

III. **Public Comment:**

IV. **Departmental Overview--Dr. Mitch Katz:**

Dr. Katz commended the council on its work thus far, particularly its focus on severe need and service integration. The Health Department will gladly work with the council on integration. Regarding the consensus documents produced by the Prioritization Subcommittee, *Dr. Katz* disagreed with the statement "We are in a resource rich environment" because San Francisco's current General Fund reserve is small for a city this size. Therefor the council should assume that the funding cuts it makes will result in service reduction. This does not imply that the council should focus on maintenance of services rather than redirecting resources to services deemed more important at this time. Regarding specific services, the DPH has made a commitment to provide substance abuse treatment on demand, and the moneys used to do this have in the past included CARE dollars. Thus a reduction in CARE funding to that category would set the city back in this goal. The DPH supports the idea of dollars-for-services, however the CARE Council demands for data have significantly increased in the past year, which stresses the department staff. A reduction in funding to systemwide development may cause a reduction in the amount of data that can be collected and analyze. Finally, *Dr. Katz* expressed support for the idea of prioritizing according to three funding scenarios because funding is still uncertain.

SL told *Dr. Katz* that the council is not in agreement on the issue of funding for Planning Council Support and REGGIE, and asked what is the possibility of the city picking up some of the CARE systemwide development expenses, such as Reggie. *Dr. Katz* replied that the city has not traditionally back-filled prioritization changes made by the council, and it is likely that the mayor would opt not to do so in this case either, due to lack of money.

TC asked *Dr. Katz* for an update on the proposal which he wrote, and which the council approved, requesting that HRSA fund the Reggie program. *Dr. Katz* said that the grant he wrote proposed the use of existing data to aid in planning and evaluation of the services in different EMAs; it did not relate to the funding of Reggie itself. If the grant is funded and Reggie is not, then the data already gathered through Reggie would be used to analyze the success of last year's CARE allocations.

BC asked if a specific amount within General Fund is earmarked for HIV/AIDS related services. *Dr. Katz* answered that there is an amount for these services, and it is possible that the DPH will conduct a prioritization process for the allocation of that money if CARE funding is significantly reduced.

MC asked the chances of CARE receiving more money than expected in the coming fiscal year, compared to what the chances were at this time last year. *Dr. Katz* was unable to compare the two years. He noted that every year there is a certain amount of unspent money, which adds up to a significant amount between all the EMAs. The attempt has been to spend exactly the amount allocated, but as yet it has not been achieved. *LT* noted that HRSA still does not know the total amount to be divided between the EMAs. When that is known it will be easier to guess the allocation amounts.

V. **Retreat Overview:**

A. *Maria Ramos*, of the Support Center, reviewed the revised agenda (see agenda), and explained that in the advent that consensus can not be reached regarding the prioritization, it will be decided by a two-thirds vote. *NN* requested the addition of time to schedule future meetings to the end of the agenda.

B. *Maria Ramos* presented the guidelines for conduct at this meeting:

1. respectful engagement
2. minimize side conversations
3. focus on the issue, not the speaker
4. be aware of echo (repeating points already made by others)
5. active participation
6. expect disagreement
7. use "I" statements
8. be brief
9. forget the past and be creative

l. **Mark Dunlop's Letter to the Council:**

NN referred the council to the letter which was included in the pre-retreat packet, in which *MD* requested that the council re-think the decision not to allow a proxy at the retreat. He re-stated that the current by-laws do not allow proxies and 30 days notice are required to change the by-laws. Given these things, if the council votes on the proposal to appoint a proxy for *MD* it could be subject to a grievance. *DJ* said that although the council needs to revisit the issue of proxies and alternates, at this point it is too late to change the by-laws, and the discussion of this change should not focus solely on this case. *BC* expressed the opinion that, given both *NN's* and *DJ's* concerns, *MD*'s request can not be granted. *TC* suggested voting on the proposed by-laws change at the next full council meeting. *LT* asked when the 30 days began for the notice of this change. *TC* responded that the issue was raised several months ago. *MS* commended *MD*'s initiative in seeking representation at the retreat while he is hospitalized. *DJoe* noted that some time ago the council decided to address several needed by-laws changes through a committee, but has not done so. *DJ* said that the Steering Committee has the responsibility to calendar a by-laws vote as soon as possible, and acknowledged the mistake which was made in postponing that discussion and vote. *TC* noted that *MD, MF, BS* and *TS* are all absent from this retreat due to AIDS. *DJoe* motioned to refer the by-laws changes to the Steering Committee, to be calendared as soon as possible. *SL* seconded the motion. The vote passed 23 to 1, *WC* abstaining [2].

I. **Conflict of Interest Sheets:**

Maria Ramos distributed the conflict of interest sheets (see packet). This packet does not include consumer information. The following are additions and corrections to this information:

James Abrams: add Community Consortium Advisory Board member
Kirsten Balano: work at the San Francisco AIDS Foundation and General Hospital AIDS Clinic is on a volunteer basis
Will Carter: add previous treasurer and board member of Project Inform
Bart Casimir: add member of the Planning Council for Treatment On Demand
Veronika Cauley: correct spelling of first name (Veronika), add member of the Board of Directors of Tenderloin AIDS Resource Center, AIDS Emergency Fund Volunteer, Catholic Charities nurse, SHANTI member and speaker on AIDS, client of Lyon-Martin, attends Arc of Refuge church
Michael Chesek: add National Task Force PLUS Seminar volunteer
Barbara Garcia: add WORLD board member and volunteer, previously employed by Planned Parenthood Women's Clinic
Danny Joe: change "Project Director for Public Services" to "Project Director for Rafiki Services"
Tony Leone: add member of the Drug Abuse Advisory Board
Steve Lew: add subcontract programs on the National Task Force
Matthew Sharp: add Former Executive Director of Healing Alternatives Center
Brett VanBenschoten: specify that Health Initiatives for Youth/Project Ahead is a Title IV program
NN explained that he is not on any local boards.

I. **Consensus Documents:**

DJ recognized the strong collaboration between the council and AIDS Office staff in preparing for the prioritization decisions to be made at this retreat, and thanked *Judith Klain, Russ Zellers, Tia Martinez, Celinda Cantu, Billy Pick* and other AIDS Office staff for their continued help and commitment to the process. She further recognized *Jim Illig*, of the Contractors Association and Project Open Hand, for his help and unfailing attendance of Prioritization Committee and full council meetings. *MC* thanked all those who worked on the prioritization process for their time and effort.

DJ reviewed the consensus documents, which were presented at the August 18 full council meeting and re-distributed in the pre-retreat packet. Regarding *Dr. Katz*'s assertion that we are not in a resource rich environment, she commented that point #2 on that sheet explains the reason: "it is not the political will to direct the wealth that is being generated by this economy towards the people who need it". She also stressed the point which states "Reforming CARE will require a multiphase, multiyear effort".

I. **Service Category Proposal:**

DJ presented the proposal packet and accompanying introduction/summary sheet (see handouts). *WC* explained that one of the ideas behind this proposal was to group like services within the same service categories in order to reduce fragmentation and duplication. *NN* commended the Prioritization Committee on its work, and pointed out that the counties are not a service category, as implied by their placement in the packet. *TC* noted that this copy of the proposal does not reflect a few subcategory changes which have been made. *DJ* said that subcategories will be addressed in small group discussion. The idea of this proposal is to agree upon a basic category structure from which to prioritize the subcategories. *BC* expressed concern that the mental health category is not protected for the future in the current ranking. *SL* asked if there is a mechanism by which to safeguard against any mistakes made in the prioritization process which become clear in the future. *DJ* explained that regrouping the categories in a more logical manor will make it easier to appreciate the relative importance that is placed on various services, as well as lending clarity to the process and enabling the council to hold providers more accountable for their categories' outcomes. *WC* said that, as *Jim Illig* stated during the public comment section, a piece of the work done

today must be to create a mechanism by which to measure the impact of the new prioritization structure throughout the year and make adjustments when deemed necessary. The council can not continue to be appraised of its effect at the last minute.

MJW asked if the proposal on the floor is to simply regroup the categories, or regroup and rank them in order of priority. *LT* explained that the proposal includes ranking, but the rank assigned to a category does not determine the dollar amount it will be awarded. *MJW* expressed discomfort with the idea of ranking the categories without further discussion. *JKl* explained that the ranking is mostly for HRSA's purposes, and need not be considered by the council in its discussion of allocations. The discussion which will be important for the council is that which takes place in the small groups. *LT* moved to accept the proposal. A vote was called and the proposal passed unanimously[3]. *SL* requested that council chairs facilitate the votes for the rest of the retreat. The council agreed.

Small Groups:

A. *Maria Ramos* read off the assigned groups and introduced the Support Center facilitator for each. *DJ* explained that the groups were decided based on the amount of time each person has been on the council, areas of expertise, PWA representation etc., and a Prioritization Committee member was assigned to each group to present the proposal from which discussion will begin. The numbers proposed are balanced to the 14% funding cut scenario, and any changes must also balance (i.e. restorations must be accompanied by cuts of equal proportion). She reviewed the summary sheet that was distributed at the beginning of the meeting, which outlines the main points of the proposal (see handout). Due to time, the council agreed to extend the small group discussion time through lunch.

B. **Report-Back**:

Group 1:

Outpatient/Ambulatory Care/Dental:

1. change the category name to "Health Care" or "Primary Care" to reflect the addition of home health services to this category
2. add transgender to the target population
3. cut primary care funding by $100,000
4. direct $380,000 in dental to be used for community-based practices
5. cut home health funding by $200,000
6. diversify providers

Housing:

1. change the category name to "Housing/Subacute Housing"
2. make shallow rent subsidies an ongoing program
3. create transgender transitional housing

Food:

1. cut food bank and food delivery by $100,000
2. create a subcategory for a food voucher program, to be allocated $100,000
3. diversify providers

Mental Health:

1. add HIV+ children and children with HIV+ parents to the target population
2. change the first line item to $100,000
3. add the phrase "based on utilization" to the rationale statement
4. add substance abuse programs to the linkages list

Substance Abuse:

1. add the phrase "based on utilization" to the rationale statement

Case Management:

1. cut funding to peer advocacy by $50,000

Support Services:

1. assess need for permanency planning in adoption services

Group Two:

Outpatient/Ambulatory Care/Dental:

1. cut funding to the dental subcategory by $150,000
2. diversify providers

Housing:

1. stress the importance of money management programs

Mental Health:

1. add women and people of color to the target population list
2. analyze access

Systemwide Development:
1. fund the Reggie program $150,000
2. seek additional outside funding for Reggie

Group Three:
Food:
1. cut funding for food bank and food delivery by $300,000
2. ensure that CARE-funded food services go only to the CARE target population

Mental Health:
1. cut funding to long- and short-term psychotherapy by $600,000

Peer Advocacy:
1. increase peer advocacy and outreach funding by $360,000

Systemwide Development:
1. fund AMAP and Reggie $200,000
2. do not fund provider training

Direct Emergency Financial Assistance:
1. allocate $100,000 to this category
2. indicate that unallocated funds should go to this category

Group Four:
Outpatient/Ambulatory Care/Dental:
1. redirect dental allocation to be used for funding community-based practices

Food:
1. consider a funding cut due to possibility of outside funding

Mental Health:
1. cut funding for residential care by $350,000

Substance Abuse:
1. reduce funding to detox programs by $100,000

Case Management:
1. assess services over the next year to ascertain possibility of funding cuts

Supportive Services:
1. cut funding to childcare by $80,000

I. **Final Prioritization Discussion and Decisions:**

"Group Five", composed of Prioritization Committee members from each small group, presented a budget recommendation which assumes a 14% funding cut and no HOPWA pickup (worst case scenario): **adopt proposals in the budget packet, plus cut:**

dental	$380,000 (keeping emphasis on new services)
food	$200,000
peer advocacy	$100,000
direct emergency financial assistance	$400,000 (to be among the first cuts restored)

TL asked if there is any category other than direct emergency financial assistance which can be cut $400,000. *JKl* responded that the system already has a direct emergency financial assistance programs in place, within different categories, so this cut would not result in complete loss of that service. Also, it is certain that there will be unexpended funds, and d.e.f.a. will be one of the first categories restored. *JC* motioned to accept the proposal.
MJW asked if the funding for Chateau Agape is included in the $1 million to be cut in the worst case scenario. *DJ* replied that it is. *GG* expressed the understanding that group five met to average the proposals of the four small groups, rather than formulate a completely new budgeting proposal. *Judith Klain*, of the AIDS Office, explained that because it was composed of representatives from the four small groups, group five reflected their discussions. *DJ* further stated that the packet which the small groups used to formulate their proposals was based on the assumption that HOPWA would pick up CARE's operating costs in the housing category. It is possible, however, that that will not happen, so a budgeting proposal must be developed for that possibility.
LT expressed strong discomfort with the proposed mental health cuts, but said that because it is unlikely that the worst case scenario will occur, she will not impede consensus on the proposed budget.
DJoe expressed the opinion that the original budget proposal (packet), must be further discussed and agreed upon before the proposal on the table can be examined and voted upon. One of the small groups was unable to even discuss the entire proposal due to lack of time. *LT* said that a decision is needed, even though not all issues have been discussed to everyone's satisfaction. Decisions at this point must be based on the information that is available and the agreed-upon direction that the council wishes to take. *DJ* suggested revisiting the mental health issue, as one which people are most uncomfortable with, before voting on the proposal. *NN* reminded the

council that the proposal on the floor relates solely to the worst case scenario, which is the least likely. Therefor this proposal should be voted on quickly so that discussion can move to more likely scenarios. Regarding the HOPWA pickup, *WC* reported that HOPWA currently has $13 million, soon to be increased to $20 million, part of which he feels *must* be used to pick up some of the CARE housing cost.

MJW amended the proposal: the $350,000 to be refunded to Chateau Agape from unallocated funds go instead to the mental health category. *JC* accepted the amendment.

DJ suggested that discussion turn to the original budget proposal in the packet before voting on the additional cuts developed by group five. *TC* agreed that revisiting the small group consensus points would be useful, but warned against re-hashing the specific issues raised within groups.

BVB called a question. A vote was called and the proposal (for the worst case scenario), passed 18 to 3 with no abstentions [4].

DJ suggested entertaining proposals for the restoration of funding in the advent of a greater award from HRSA and/or a partial or total HOPWA pickup.

LT proposed the following budget for the HOPWA pickup scenario (with a 14% CARE funding cut):

Cuts:	dental	$380,000
	food	$200,000
	peer advocacy	$100,000
	direct emergency assistance	$400,000
	Chateau Agape	$350,000
Restorations:	Reggie	$180,000
	mental health	$950,000 ($600,000 above the $350,000 already restored)
	packet last page formula	$200,000

MJW reminded the council that the CARE grant should request more money than is expected to receive regardless of the HOPWA pickup.

BVB seconded *LT*'s motion. *DJ* suggested developing restoration guidelines based on percentages, rather than making proposals specific to the amount of funding. *NN* agreed that time would be better spent budgeting scenarios of incrementally increasing funding, rather than going from the worst case scenario to one that includes to complete HOPWA pickup, which is also unlikely.

DJoe observed that there has been no discussion of the proposed case management cut of $1 million. *MC* expressed opposition to the motion on the grounds that it is based on only one person's funding ideas. *TL* expressed opposition to the proposed mental health restoration on the grounds that not enough is known about CARE-funded mental health services (especially how much money goes to HIV-specific mental health problems), to warrant that amount. He suggested that data on the amount of CARE money which directly funds HIV-specific mental health problems be made available in the future.

JK recommended putting proposals on hold for 20 minutes to facilitate discussion. The council agreed.

BG asked if restorations should be proposed in terms of percentages or dollar amounts. *NN* responded that percentages would be simpler, and noted that caps can be put on percentages.

WC expressed support for the proposal to restore $180,000 to Reggie, and suggested that all additional funding be put into a reserve and allocated to specific categories when the council knows the exact amount and has more time to discuss the allocations. *NN* asked *JKl* if the allocation of a large, undetermined sum to a reserves category would pose problems in the grant-writing process. *JKl* said that the grant would be written such that the money is allocated, but it can be re-allocated when the specific grant amount is known. *NN* noted that the disadvantage to handling a large portion of the CARE award through a reserve is that that money would probably not be allocated until December or January, at which point it will be late to begin RFPing new services. If the reserve money will be used to augment already-funded services that will not be a problem. *DJ* observed that an advantage to this system is that by the time the reserve needs to be allocated the HOPWA pickup amount will be known.

CP asked *JKl* what information the council can give her to aid in the grant-writing. *JKl* listed three questions to answer for grant-writing purposes: 1. what categories should be restored first, given additional funding? 2. how much money does the council wish to restore to mental health and case management? 3. after the first categories to be refunded, should additional money be distributed across the board? *TC* noted that there has already been discussion of restoration prioritization, and the budget proposal packet includes guidelines for the allocation of additional funding as well. He suggested that *JKl* use this information to write the grant and there be no further discussion of the issue. *JKl* said that if the council trusts her to extrapolate from discussion and the proposal packet then the three questions need not be answered. *TL* asked if allocation amounts can be re-adjusted at a later date. *JKl* said that they can.

LT said that although the specifics of the restoration will not be decided now, she wants to specify that at least $500,000 be restored to mental health, in recognition of the importance of mental health services for the multiply diagnosed, and the discussions which the council has had on that issue.

KB directed the council to the last page of the budget proposal, where it is stated that the rationale behind the restoration guidelines is that money should be restored to *integrated* services, rather than specific categories.

DJ reiterated the agreement being discussed: the content of small group discussions will provide a matrix for the allocation of money above the already agreed-upon (worst case scenario), budget. *JKl* will use this information to write the grant. The three largest areas of discomfort are mental health, case management and Reggie, and in the next few meetings the council will have to address these issues and develop allocation plans for them. *JKl* said that, in terms of the grant, the will of the council is clear.
TC noted that the council needs to begin working on the allocation of additional funding immediately.
WC called for a vote to finalize this decision. **The decision restated: *JKl* will write the CARE grant request based on the discussions of the council, and allocation of additional funding above the worst case scenario will be an ongoing process based on negotiations with HOPWA and the amount received from HRSA, the initial priority of which will be restoration of mental health, direct emergency financial assistance, case management and Reggie, within the context of integrated delivery systems.** The council voted on this proposal and it passed twenty to one with one abstention **[5]**.

Final Comments:
MJW asked *NN* to provide the council with a clear picture of its relationship to HOPWA at the next meeting, because the council needs to realize that it ultimately controls HOPWA funding. *NN* agreed that the relationship between CARE and HOPWA needs clarification, and coordination of the two bodies needs improvement.

Upcoming Meetings:

Steering Committee	Monday, September 15, 5:00-7:00 in the AIDS Office
Full Council	Monday, September 22, 4:30-7:30 at 10 UN Plaza
Full Council	Monday, September 29, 4:30-7:30 at 10 UN Plaza

P = Present; **A** = Absent; **E** = Excused Absence; **L** = Leave of Absence; **Y**=Yes; **N**=No; **B**=Abstain

	1	2	3	4	5		1	2	3	4	5		1	2	3	4	5
James Abrams	P	Y	Y	Y		Mariam Farooq	L					Carmen Portillo	P	Y	Y	Y	Y
Kirsten Balano	P	Y	Y	Y	Y	Barbara Garcia	P	Y	Y	Y	Y	Ron Reynolds	P	Y	Y	Y	Y
Marianna Balquiedra	P	Y	Y	Y	N	Carol Gong	A					Alissa Riker	A				
Jeff Byers	P	Y	Y	Y	Y	Gene Gowdey	P	Y	Y	N	Y	Nilda Rodriguez	A				
Virginia Cafaro	P	Y	Y			John Gressman	A					Joy Rucker	A				
Tom Calvanese	P	Y	Y	Y	Y	Dee Hampton	L					Barry Savage	E				
William Carter	P	B	Y	Y	Y	Ron Hill	E					Matthew Sharp	P	Y	Y	Y	Y
Veronika Cauley	P	Y	Y	Y	Y	Danny Joe	P	Y	Y	N	B	Thomas Sinclair	E				
Bart Casimir	P	Y	Y	Y	Y	Diane Jones	P	Y	Y	Y	Y	Laura Thomas	P	Y	Y	N	Y
Michael Chesek	P	Y	Y	Y	Y	Susan Karp	E					Rita Times	P	Y	Y		
Pat Christen	A					Tony Leone	P	Y	Y	Y	Y	Brett VanBenschoten	P	N	Y	Y	Y
John Conley	A					Steve Lew	P	Y	Y	Y	Y	Kelly Wallace	P	Y	Y	Y	Y
Mark Dunlop	E					Norm Nickens	P	Y	Y	Y	Y	Mary Jane Wood	P	Y	Y	Y	Y

The Council meets on the third and fourth Mondays of each month, at the time and place noted above. All are welcome and have the opportunity to comment on Agenda items. The site is fully accessible, and assistive hearing devices and signing are provided upon adequate future notice. Minutes of meetings and all information distributed to Council members are available for inspection and copying. For further information, contact the Council's staff, 554-9136. For requests for excused absences, call Emily Coles at 777-3229. *Minutes of meetings are tentative until formally approved by the council.*

Dixon

MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL

September 22, 1997

San Francisco AIDS Foundation, 10 U.N. Plaza, 6th Floor Conference Room

AGENDA

I.	Call to Order	4:30 PM
II.	Roll Call	
III.	Review and Approval of Agenda	
IV.	Review and Approval of Minutes of 8/11/97, 8/18/97 & 8/23/97 (retreat)	
V.	General Announcements	
VI.	Public Comment	4:45
VII.	Subcommittee Reports	4:50
	A. Community Input Committee: Report	
	B. Housing Task Force:	5:00
	1. Discussion of Selection of HOPWA Loan Committee (VOTE)	
	2. Recommendation to Establish Permanent Housing Subcommittee (VOTE)	
	C. Membership Committee: No Report	
	D. Planning Committee: Report	5:30
	E. Prioritization and Evaluation Committee: Report	5:35
VIII.	Co-chairs Report	5:40
IX.	Break	5:45
X.	Discussion of Proposed Bylaws Amendments (VOTE)	6:00
XI.	New Business	7:45
XII.	Adjournment	8:00

Up-coming Meetings:

Sept. 29, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 8:00 PM
Oct. 27, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 8:00 PM

San Francisco AIDS Foundation, 10 United Nations Plaza:

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San Francisco Department of Public Health, AIDS Office, 25 Van Ness:

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HIV HEALTH SERVICES PLANNING COUNCIL

September 22, 1997

The Minutes of this meeting are missing.

San Francisco Public Library
Government Information Center

HIV HEALTH SERVICES PLANNING COUNCIL

September 29, 1997

The Agenda and Minutes of this meeting are missing.

San Francisco Public Library
Government Information Center

MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL

October 20, 1997

San Francisco AIDS Foundation, 10 U.N. Plaza, 6th Floor Conference Room

AGENDA

I.	Call to Order	4:30 PM
II.	Roll Call	
III.	Review and Approval of Agenda	
IV.	Review and Approval of Minutes of 9/22/97 & 9/29/97	
V.	General Announcements	4:35
VI.	Public Comment	4:45
VII.	Co-chairs Report: Nomination of Co-chairs	4:50
VIII.	Committee Reports	
	A. Community Input Committee/PWA Caucus: Report	5:00
	B. Evaluation and Assessment Committee: Report	5:10
	C. Housing Committee: Report	5:25
	D. Membership Committee: Report	5:40
	1. Adoption of Election Process (VOTE)	
	2. Review and discussion of Proxy Form	
	3. Adoption of revised Bylaws regarding termination of membership (VOTE)	
	4. Report on vacancies and representation	
	- Break -	6:35
	E. Planning Committee: Report	6:50
	F. Prioritization Committee: Report	7:00
	1. Evaluation of prioritization process	
	2. Discussion of reductions/restoration strategies	
	3. Discussion of development of integrated services	
IX.	New Business	7:45
X.	Adjournment	8:00

Up-coming Meetings:

- Oct. 27, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 7:30 PM
- Nov. 3, 1997 - Evaluation and Assessment, AIDS Office, 5th Floor Conference Room 4:00 - 7:00 PM
- Nov. 3, 1997 - Prioritization, AIDS Office, 5th Floor Training Room-A, 5:00 - 7:00 PM
- Nov. 7, 1997 - Membership Committee, AIDS Office, 5th Floor Training Room-A, 9:00 - 11:00 AM
- Nov. 10, 1997 - Steering Committee, AIDS Office, 5th Floor Conference Room 5:00 - 7:00 PM
- Nov. 17, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 7:30 PM
- Nov. 24, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 7:30 PM

San Francisco AIDS Foundation, 10 United Nations Plaza

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San Francisco Department of Public Health, AIDS Office, 25 Van Ness

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HIV HEALTH SERVICES PLANNING COUNCIL

October 20, 1997

The Minutes of this meeting are missing.

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MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL

October 27, 1997

San Francisco AIDS Foundation, 10 U.N. Plaza, 6th Floor Conference Room

AGENDA

I.	Call to Order	4:30 PM
II.	Roll Call	
III.	Review and Approval of Agenda	
IV.	Review and Approval of Minutes of 9/29/97	
V.	General Announcements	4:35
VI.	Public Comment	4:45
VII.	Co-chairs Report: Election of Co-chairs (VOTE)	
VIII.	Presentation on Community Health Network Health at Home Program	5:15
IX.	Committee Reports	
	A. Community Input Committee/PWA Caucus: Report	5:45
	B. Evaluation and Assessment Committee: Report	5:50
	C. Membership Committee: Report	5:55
	1. Review and discussion of Proxy Form (VOTE)	
	2. Review and discussion of Membership Nomination Forms	
	- Break -	6:25
	D. Planning Committee: Report	6:40
	E. Prioritization Committee: Report	6:45
	F. Housing Committee: Report and small group discussion	6:50
X.	New Business	7:50
XI.	Adjournment	8:00

Up-coming Meetings:

Nov. 3, 1997 - Evaluation and Assessment, AIDS Office, 5th Floor Conference Room 4:00 - 7:00 PM
Nov. 3, 1997 - Prioritization Committee, AIDS Office, 5th Floor Training Room-A, 5:00 - 7:00 PM
Nov. 3, 1997 - Planning Committee, AIDS Office, 3rd Floor, Suite 330-A, 5:00 - 7:00 PM
Nov. 5, 1997 - Community Input/PWA Caucus, AIDS Office, 5th Floor Conference Room 5:00 - 7:00 PM
Nov. 6, 1997 - Housing Committee, AIDS Office, 5th Floor Conference Room 5:00 - 7:00 PM
Nov. 7, 1997 - Membership Committee, AIDS Office, 5th Floor Training Room-A, 9:00 - 11:00 AM
Nov. 10, 1997 - Steering Committee, AIDS Office, 5th Floor Conference Room 5:00 - 7:00 PM
Nov. 17, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 7:30 PM
Nov. 24, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 7:30 PM

San Francisco AIDS Foundation, 10 United Nations Plaza:

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San Francisco Department of Public Health, AIDS Office, 25 Van Ness:

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HIV HEALTH SERVICES PLANNING COUNCIL

October 27, 1997

The Minutes of this meeting are missing.

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HIV HEALTH SERVICES PLANNING COUNCIL

November 17, 1997

The Agenda of this meeting is missing.

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Mayor's HIV Health Services Planning Council

November 17, 1997

Minutes of Meeting

I. **Call to Order:** 4:40 PM

II. **Roll Call [1]**

DRAFT

III. **General Announcements:** none

IV. **Public Comment:**

A. *Michael Petrelis*, PLWH, congratulated the new co-chairs on their election and commended them for their mention of an ombudsman unit for PWAs in a recent press release. *Mr. Petrelis* asked that an official typist be hired to help PWAs keep their own medical records, records of agencies etc. He distributed copies of a recent *Washington Blade* article, which describes some of the housing troubles for PWAs in that city. In conclusion *Mr. Petrelis* explained that he is currently in mediation with the Human Rights Commission regarding his grievance to three San Francisco ASOs, and that throughout this process he has not found one advocate to support him in protesting his restriction of services by those agencies.

B. *Eric Olson*, of the Sonoma County Planning Council, introduced himself and said that he is here to network with members of this council.

V. **Committee Reports:**

A. **Community Input:** *MS* reported that at its last meeting the Community Input Committee discussed the retreat and the grievance process. *WC* announced that due to logistical problems the retreat has been moved from Saturday, November 22 to sometime in January, and instead there will be a regular meeting on **Saturday, 1:00-3:00,** to discuss some time-sensetive issues, including the public forums. *TC* noted that the committee will be requesting a copy of the report which the Board of Supervisors received from the DPH concerning its current grievance procedure, as well as information on incidence and outcomes of grievances. Some specific recommendations regarding grievance procedures should be developed at the meeting on Saturday. *MS* said that at its last meeting the committee also discussed the need for council feedback regarding the community forums it plans to hold, including questions to ask, issues to raise and areas of San Francisco where they should be held.

B. **Evaluation and Assessment:** next meeting **December 1, 5:00-7:00 25 Van Ness Ave.**

C. **Housing Committee:** *TC* distributed and reviewed the committee's proposed response to the Redevelopment Agency's proposal regarding the HOPWA rollover, for the benefit of council members who were not present at the October 27 council meeting (when this proposal was initially presented). He asked *NN* if any further information is available on the cost of nursing and attendant care services within the 5 RCFCI licensed facilities in the proposal. *NN* said the total cost is still unknown. *TC* explained that the Housing Committee supported all three parts of the Redevelopment Agency's proposal, which was also referred to the Prioritization Committee at the last council meeting, and that committee will present its response this evening.

KW asked if the Redevelopment Agency's proposed increase in rental subsidies means an increase in the number of subsidies or the amount given for each. *TC* replied that it means the former.

D. **Planning Committee:** next meeting **December 11, 3:00-5:00 at 25 Van Ness Ave.**

E. **Membership Committee:** next meeting **December 5, 9:00-11:00 at 25 Van Ness Ave.**

VI. **Approval of Agenda:** The agenda was approved, no changes, no abstentions.

VII. **Approval of Minutes:** 9/29: minutes approved without changes, three abstentions.

10/20: minutes approved without changes, one abstention.

10/29: minutes approved without changes, three abstentions

VIII. **Co-chairs' Report:**

A. *DJ* announced that the Steering Committee recommends the November 24 meeting be held, and that prioritization evaluation be the main issue because it does not require a vote (and there may not be a quorum due to the date's proximity to Thanksgiving). A meeting will also be held on December 15, but not December 22. January's meetings are currently scheduled for the 19th and 26th, although that may change because January 19 is Dr. Martin Luther King Day. The council agreed to this schedule, with a possible change due to MLK Day.

B. *TC* referred the council to the letter and articles in the pre-meeting packet regarding PWA evictions due to owner move-in. This issue was brought to the Steering Committee with the request that a resolution (to be distributed), be reviewed and supported by the council. In summary, it is currently very common for San Francisco renters to be evicted when a building changes ownership and the new owner intends to live in it. According to a recent article in the Examiner, an overwhelming number of these owner move-ins are occurring in the Haight, Castro and Mission districts. The Board of Supervisors is currently discussing a possible moratorium on these evictions, and the CARE Council has been asked to support that moratorium, and the letter which has been distributed, on the grounds that an inordinate number of owner move-ins effect PLWH.

LT reported that because this council is not an advocacy body it can not actually support a specific piece of legislation. For that reason, the letter which she drafted attempts only to make the council's position on the issue known. *BC* asked if PLWH would not be protected from owner move-ins under the American Disabilities Act. *LT* explained that the American Disabilities Act does not apply here because owner move-in evictions are legal, and that legality applies equally to everyone. Therefore it is not a case of discrimination. This letter requests that PLWH be extended *greater* protection than others, rather than equality. *MD* asked if the council can request that studies be conducted of specific owner move-in cases to see if property owners are abusing its legality or targeting PLWH, elderly etc. *LT* said that can be requested.

SL moved to approve the letter, with the addition of *MD*'s request. The motion was seconded. *Laurence*, a community member from Mobilization Against AIDS, warned the council that the last time the Board of Supervisors addressed a housing issue it was unable to vote due to conflicts of interest. *BC* suggested that the council advocate for the establishment of an ad-hoc committee to research owner move-ins. *LT* observed that some organizations, such as the tenants' union, already do that. *DJ* suggested that the issue also be addressed in one of the community forums to be held by the Community Input Committee.

The motion restated: accept and forward the letter which outlines the council's concern regarding the disproportionate effect of owner move-ins on PLWH, with the addition of a request that this phenomenon be further studied. A vote was held and the motion passed with four abstentions [2].

C. *DJ* announced that the Steering Committee is planning a retreat for committee co-chairs and all other interested council members to discuss the 1998 work plan, committee structure and tasks etc. The date has been tentatively set for **January 10, 1998**. More details will be relayed later.

D. *WC* recalled that the three council co-chairs recently sent out a press release which noted the change in leadership and outlined some of the issues currently before the council. The goal of this press release was to communicate these issues to the community in a timely manor. However, at the last Steering Committee meeting *MJW* and *LT* expressed concern regarding the content of this release--particularly statements made regarding an ombudsperson--and the process by which it was created. It is clear that a process must be developed by which information can be quickly disseminated to the community, and which allows input and involvement from the entire council. This process will be discussed at the next Steering Committee meeting, and hopefully a proposal brought to the council soon.

MJW said that at the Steering Committee meeting the council co-chairs acknowledge the inaccuracy and inappropriateness of some comments contained in the press release. The specific comments to which *MJW* objected include: 1. the assertion that the council will be instating an ombudsperson for PLWH; this idea has been discussed by the council but not voted upon, so it is inaccurate to say that it has been decided. 2. the assertion that this year's prioritization process marks the first time a detailed plan has been created by the council; while this year's is the most detailed plan developed recently, it is not the first time ever, and the implication that it is devalues the work which has been done in the past and may be insulting to those who did it.

TC acknowledged and apologized for any offense and inaccuracy in the press release, and the exclusive process by which it was created. He announced that he authored the document, which was then reviewed by *DJ*, *WC* and others before its release. The council is under increasing scrutiny by the community, and it is its responsibility to facilitate timely and accurate communication to the public regarding council changes, directions and decisions. Because of the time-sensetive nature of many issues it is difficult to develop an all-inclusive process for press releases, but it is clear that one must be made which feels comfortable to the council. Finally, he noted that a good response to the press release was published in the BAR.

KW admonished the co-chairs to be clear on the difference between their own discussions and direction and those of the council as a body, and to allow the council to fully discuss and decide on an issue before reporting it to the public. He also noted that if co-chairs want to publish an opinion or hope which has not been officially expressed by the council then they should make that clear in the publication. *WC* replied that the intent was to better serve the community by increasing communication, not to express personal hopes and opinions under the guise of council decisions. He expressed the hope that council members do not think there was any conspiracy or bad intent on the part of the co-chairs, and asked that they be patient during the leadership transition and learning process of the new leaders.

SL commended the co-chairs on their initiative in communicating council news to the public, and reiterated *KW*'s advise to accurately attribute information, visions etc. in publications. He suggested that the dissemination of minutes be discussed, and possibly that minutes be published with future press releases because they are the most objective documentation of council discussions and decisions.

BC recommended that co-chairs give periodic co-chair updates, both for the benefit of the public and council.

PC expressed the opinion that it would be unrealistic to distinguish between information coming from the council and from council *members* because they are one and the same in the public eye. She also noted that in similar cases when the AIDS Office has initiated rapid and somewhat inaccurate information dissemination the council has been un-forgiving, and this case shows that mistakes can be made but the best intent should always be assumed.

MD suggested that an outside person be hired to create the council press releases. *MS* recommended the creation of an ad-hoc media committee to serve in that capacity.

TL observed that the co-chairs are elected to serve as spokespeople for the council--and should be trusted to do so--and will improve at it over time. Therefore there should be no need for a specific media person or committee.

DJ said that all the above suggestions will be considered in the Steering Committee's discussion of a press release process, and thanked *MJW* for raising her concerns and for the direct manor in which she did it. She acknowledged the impact which this issue has had on council trust, noting that building trust is one of the most important roles of community leaders, and asked that the council be patient and recognize that there is a learning curve and transitions take time.

Michael Petrelis, community member and PWA, thanked the co-chairs for their recognition of the importance of communication with PLWH. He admonished them to continue the press releases.

Prioritization Committee Proposal for Additional Funding:

Maria Ramos, of the Support Center, reminded council members to fill out and return the prioritization evaluation forms as soon as possible.

DJ reviewed that the Prioritization Committee held a meeting for provider input on November 3, the notes from which have been given to the AIDS Office. At its last meeting the Prioritization Committee used information from 11/3, the August 23 retreat and small group discussions to draft a proposal for the use of additional funding above the $33.4 million allocated in the worst case scenario. *KB* distributed and reviewed the proposal, explaining that the term "restoration" is not longer being used because it implies a return to the former system, which is not the goal. *TC* announced that a part of the proposal which is not included on the outline is the recommendation that CARE assume responsibility for nursing and attendant care in only 4 of the 5 RCFCI licensed facilities, and the Redevelopment Agency fund a pilot program in the fifth (of its choosing), which allows that facility to contract services in-house.

KB explained that the proposed allocations supporting integrated services in several categories would be added to an integrated service RFP which is already being developed by the AIDS Office based on worst case funding, and which will be put out regardless of additional funding.

WC asked why a column of the percentage of the current budget which is allocated to each category is included in the proposal. *KB* explained that the committee used those percentages to guide the higher funding allocations and indicate where inordinate cuts should be offset in the additional funding scenario.

NN clarified that additional funding and unexpended funds are different, and this proposal will apply only to the former.

PC noted that if very little money is left after the three specific allocations are made then the percentages awarded to integrated services will be too small to make a difference. *DJ* suggested that upper and lower limits be set for each category's re-allocation.

RT proposed that an allocation of $30,000 to adoption and foster care be inserted as the third priority and Reggie moved to fourth. She explained that this service was defunded in the worst case scenario based on underutilization, but since that decision it has been reported that the one contractor in that category is very new, is a unique program and has not had an opportunity to do outreach. *WC* recalled that quarterly assessments of CARE services will be made to see the effect of this year's funding decisions, and adjustments can be made as needed

DJoe asked if the Prioritization Committee discussed where to augment funding within the housing and mental health categories, should additional funding be available. *TC* explained that all additional funding allocations which are designated for integrated services will simply be added to the pre-existing integrated service RFP. For housing, however, the committee designated emergency and transitional housing as the priority, and in mental health it designated pre-crisis interventions such as long- and short-term psychotherapy.

DRAFT

KW asked if the $775,000 for nursing and attendant care in licensed facilities (Redevelopment Agency proposal), is already in the budget. *TC* replied that it is, under home health, but the additional proposal to commit to only 4 of the 5 facilities and ask the Redevelopment Agency to conduct a pilot in the other would free up some of the funding in that category. It would not, however, change the bottom line.

KW asked what is meant by "integrated service category" and what is the difference between integration and collaboration. *DJ* explained that the council has always requested collaboration, which usually occurs in the form of MOUs. However the entire health delivery system is still very fragmented. For this reason there is currently a widespread move throughout the system toward something beyond collaboration, which is still being experimented with and defined. Currently there are two main integration types: horizontal integration of different programs which provide different services, and vertical integration of all services within one program. The Prioritization Committee's proposal seeks to move the HIV service system toward integration by allocating money for an RFP which specifically requires that providers take steps in that direction, in whatever form they choose.

LT asked if the Prioritization Committee discussed minimum amounts for the percentage allocations to integrated services. *TC* reiterated that these allocations will be added to the pre-existing integrated service RFP, which contains several different service categories, including those designated for higher funding. *LT* asked where the money which will be used in the pre-existing RFP is from. *Russ Zellers*, of the AIDS Office, explained that some funding for specific services which are being put out to bid will be withheld for this integrated service RFP. *Michelle Long Dixon*, also of the AIDS Office, added that in cases where funding was transferred from one category to another it was entered into the integrated RFP in the category to which it was moved. Not all categories will be included in this RFP. *MLD* noted that this conversation has to be general because the AIDS Office staff is not allowed to divulge the specific categories in the RFP.

LT recalled that the council has identified the need to make primary care central to the integrated service system, and asked why it is not included on the list of categories to receive a percentage of higher funding. *DJ* explained that the centrality of primary care will be specified in the RFP, but the Prioritization Committee felt that category was already adequately funded.

GG noted that the total CARE award for this EMA will be known by December 1, and suggested that the council vote on this proposal after that date, when more will be known about the percentages for integrated services. *NN* said that voting at the December 15 council meeting would be too close to the final release date of the RFP, which is December 19. *GG* suggested that the RFP be written to its completion except for the dollar amounts, which can be filled in at the last minute. *NN* said that is already the plan, but December 15 would cut it too close. *WC* asked *GG* why the exact dollar amounts need to be known for the council to vote. *GG* observed that the final award may show the percentages outlined in the proposal to be inappropriate. *WC* replied that the AIDS Office at least has an idea what the award will be and has expressed support for this proposal. In addition, delay of this decision may result in logistical problems for the AIDS Office.

PC asked if more specificity is available regarding where money will go within the categories to be RFPed, or if the RFP will simply call for "integrated services". *DJ* explained that in writing the RFP the AIDS Office staff will follow the council's direction regarding emphasis, target population etc. from the August 23 retreat, but the Prioritization Committee will not specify how that should be done. *PC* asked where the $775,000 for nursing and attendant care in the home health category fits into the proposal for additional funding. *TC* replied that that amount was already committed as part of the HOPWA rollover, and is not related to the 10% of additional funding for integrated services in the home health category.

PC asked when AIDS Office staff will be able to openly discuss the categories to be included in the integrated service RFP. *MLD* responded that that is not yet known. *PC* expressed the opinion that the council can not have an intelligent discussion of this proposal without that information. *DJ* said that the role of the AIDS Office staff is to be clear on the direction of the council and to implement it, and although the council must give as much input as possible it is ultimately the AIDS Office which write the RFP.

TC observed that only two of the categories listed for a percentage of additional funding are real service categories. The others are sub-categories. If the council can decide what sub-categories to fund with the two, which are housing and mental health, then all allocations will be specific. *PC* explained that her concern--and the reason she wants to know which service categories will be in the RFP--is that the council will allocate a percentage of additional funding to a category which will not be included, causing that percentage to go directly to one category, rather than toward integration. *RZ* replied that the AIDS Office needs more specific guidance on housing, mental health and food. The other additional funding allocations are clear and look workable. *TC* reported that the Evaluation and Assessment Committee is currently preparing to give the AIDS Office more specific information regarding what to bid out and where to make contract modifications, so specific guidance will be given, and the categories included in the final RFP should not come as a surprise to the council.

JG noted that currently there is no one clear definition for "integration", and asked how providers will know what the council means by that. *DJ* responded that the entire DPH is transforming in this same direction, and many providers have been working on models of integration for years, so no provider should be completely uninformed about the various ways in which integration is being attempted. And although the transformation process is confusing and messy this council has to begin it.

JG said that the council must clearly define integration, create standards etc. before putting it into an RFP, or the system will be thrown into confusion and clients will be lost. He observed that the DPH is one organization with a unified leadership, whereas the CARE Council effects 75 independent organizations. *Cari Deloa*, of the AIDS Office, remarked that the RFP defines integration, outcomes, standards etc. very clearly. *JG* said that it should all come back to the council for approval.

BC observed that the council mostly talks in terms of linkages, which are not the same as integration. He expressed the opinion that while linkages need to the made integration is unrealistic at this time. *WC* reminded the council that the primary question needs to be "where are the PWAs in this model, and what is best for them?" *JG* said that without a clear definition of integration clients will be lost in providers' attempts to accommodate the RFP. *DJ* replied that defining integration is the present and future work of the council, but for the purposes of the RFP it has been adequately defined and the council needs to decide what to do with additional funding now.

LT motioned to approve the Prioritization Committee's proposal, with the caveat that at the next meeting the AIDS Office reports to the council with any remaining questions or areas of clarification regarding the prioritization plan. The motion was seconded. *TL* explained that the proposal requires no motion and second, so *LT* is actually proposing an amendment to the proposal. *NN* said that although the AIDS Office can come to the next meeting with questions for the council's guidance, the staff will still be unable to talk about specific categories. He also noted that most other EMAs have already sent out their RFPs, and the SF AIDS Office is feeling very stressed by the current timeline.

PC made a friendly amendment to *LT*'s amendment: at the next meeting the AIDS Office also present the definition of integration that will be used in the RFP. *LT* accepted. *NN* noted that there is not one definition, but different definitions for the different service categories, which were developed using council input from the August 23 retreat. He added that the exact wording of the RFP can not be shared here, for the same reason that the staff can not discuss the specific categories in the RFP. *MLD* said that although the chance to ask questions will be helpful to AIDS Office staff the RFP will still be unfinished at the next meeting, so more questions may arise later.

The motion restated: add to the Prioritization Committee's proposal the stipulation that the AIDS Office will come to the November 24 council meeting with questions for clarification relating to the will of the council around additional funding. At that meeting the AIDS Office will also provide all possible information regarding the definition of "integration" to be used in the RFP. A voice vote was held and the motion passed, one abstention.

RT suggested amending the proposal to add an allocation of $30,000 to adoption and foster care as priority #3, making the allocation of $180,000 to Reggie priority #4. The reasoning behind this suggestion is that this category was originally cut due to underutilization, and since the worst case scenario was developed the provider of that service has told the council that it is a new program and has not had time to outreach (which has been validated by the AIDS Office). Also, the council has (or had), identified childcare as a priority.

SL asked if the council has a mechanism by which to examine assumptions about utilization. *WC* replied that no mechanism currently exists, but the Evaluation and Assessment Committee is currently in discussion with the AIDS Office to develop one. *SL* asked if the council wants to treat the case of adoption and foster care as an exception, or wait until all the underutilization-based cuts are examined before re-funding that one category. *WC* added that a funding decision should not be based on one contractor's testimony regarding a cut, and if an exception is to be made in this case then there must be a defensible reason. *RT* observed that several contractors have told the council what impact their categories' cuts will have on services, and many of those categories have been listed for higher funding because of that testimony. She also reiterated that this particular contract was underutilized because it is just starting, and noted that in the last quarter (for which the council did not have utilization data in August), it has actually been over-utilized.

KW suggested that adoption and foster care be added to the list of categories and sub-categories to receive a percentage of higher funding, rather than awarded a specific amount. *TC* expressed the opinion that the rationale for specific funding of this category is clear, and the other categories listed to receive specific amounts are no less arbitrary than this one would be. *WC* observed that awarding this category a specific amount, rather than a percentage, will reduce the funding to be allocated by percentage by $30,000. *PC* asked if the AIDS Office knows how valid the contractor's testimony regarding this category was. *MLD* replied that they don't remember exactly what was said, and so can not speak to its validity. *PC* said that, as a process point, the council should not assume that one contractor's testimony regarding its own funding is true without outside validation.

The amendment restated: restore the $30,915 which was cut from adoption and foster care in the worst case scenario, to be priority #3 in the plan for addition funding. A vote was held and the amendment passed, no abstentions [3].

TL asked for the rationale behind the proposal to award 15% of additional funding left after the specific allocations to case management. *KB* responded that case management was identified by the council and providers as a category of concern after the worst case scenario cuts were made, and it was given 15% to reflect its level of priority among the other categories listed

for additional funding. This prioritization also reflects an acknowledgment that case management will be crucial in the transition to integrated services.

KW asked if this proposal for additional funding applies to the entire EMA. *MJW* replied that it applies only to San Francisco because the other counties do their own prioritization, and they will not receive additional funding. *LT* called a question.

The council voted on the adoption of the Prioritization Committee's proposal for the allocation of additional money above the $33.4 million already allocated in the worst case scenario budget, with the stipulation that the AIDS Office staff come to the November 24 council meeting with questions regarding the RFP and the definition(s) of "integration" to be outlined therein, and the addition of adoption and foster care as the third priority, to be awarded $30,915. The vote passed unanimously [4].

SL observed that the prioritization follow-up process did not include assessment of the impacts of changes made at the retreat and corrections of any identifiable mistakes. *DJ* said that the proposal which was just adopted does attempt to correct some mistakes, such as the omission of funding for shallow rent subsidies, and the cut to adoption and foster care services based on incomplete utilization data. She suggested that process questions and criticisms be noted in the prioritization evaluation discussion at the next meeting, and used to improve the future prioritization process. *WC* expressed the opinion that such criticisms should be taken into account now, rather than held until next year, and reiterated that the Evaluation and Assessment Committee is developing a mechanism for ongoing evaluation of services and the service system impacts of council funding decisions. The next step will be to develop a way to make adjustments throughout the year to correct mistakes.

X. New Business: none.

XI. Adjournment: 7:50 PM

DRAFT

P = Present; **A** = Absent; **E** = Excused Absence; **L** = Leave of Absence; **Y**=Yes; **N**=No; **B**=Abstain

	1	2	3	4		1	2	3	4		1	2	3	4
James Abrams	A				Mariam Farooq	L				Carmen Portillo	E			
Kirsten Balano	P	Y	Y	Y	Carol Gong	A				Ron Reynolds	E			
Marianna Balquiedra	P	Y	N	Y	Gene Gowdey	P	Y	N	Y	Alissa Riker	P	Y	Y	Y
Jeff Byers	A				John Gressman	P		Y	Y	Nilda Rodriguez	E			
Virginia Cafaro	A				Dee Hampton	L				Joy Rucker	A			
Tom Calvanese	P	Y	Y	Y	Ron Hill	E				Barry Savage	A			
William Carter	P	Y	N	Y	Danny Joe	P	B	Y	Y	Matthew Sharp	P	Y	N	Y
Bart Casimir	P	Y	Y	Y	Diane Jones	P	Y	Y	Y	Thomas Sinclair	A			
Veronica Cauley	A				Susan Karp	A				Laura Thomas	P	Y	Y	Y
Michael Chesek	A				Tony Leone	P	Y	Y	Y	Rita Times	P	B	Y	Y
Pat Christen	P		N	Y	Steve Lew	P	Y	Y	Y	Brett VanBenschot	P			Y
John Conley	P	B	Y	Y	Norm Nickens	P	Y	Y	Y	Kelly Wallace	P	B	N	Y
Mark Dunlop	P	Y								Mary Jane Wood	P	Y	Y	Y

Note: *Tom Calvanese* **held a proxy for *Brett Vanbenschoten* at this meeting, to be used in the final vote to approve the Prioritization Committee's proposal for addition funding.**

The Council meets on the third and fourth Mondays of each month, at the time and place noted above. All are welcome and have the opportunity to comment on Agenda items. The site is fully accessible, and assistive hearing devices and signing are provided upon adequate future notice. Minutes of meetings and all information distributed to Council members are available for inspection and copying. For further information, contact the Council's staff, 554-9136. For requests for excused absences, call Emily Coles at 777-3229. *Minutes of meetings are tentative until formally approved by the council.*

Dixon

MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL

November 24, 1997

San Francisco AIDS Foundation, 10 U.N. Plaza, 6th Floor Conference Room

AGENDA

I.	Call to Order	4:30 PM
II.	Roll Call	
III.	Review and Approval of Agenda	
IV.	Review and Approval of Minutes of 11/17/97	
V.	General Announcements	
VI.	Public Comment	
VII.	Co-chairs Report	5:00
VIII.	Committee Reports	
	A. Community Input Committee/PWA Caucus: Report	5:15
	B. Evaluation and Assessment Committee: Report	5:25
	C. Housing Committee: No Report	
	D. Membership Committee: Report	5:35
	E. Planning Committee: Report	5:50
	F. Prioritization Committee: Discussion of Prioritization Process Discussion of Integrated Services	6:00
IX.	New Business	7:00
X.	Adjournment	7:15

Up-coming Meetings:

Nov. 22, 1997 - PWA Caucus, AIDS Office, 5th Floor Conference Room, 1:00 - 4:00 PM
Nov. 24, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 7:30 PM
Dec. 1, 1997 - Evaluation and Assessment, AIDS Office, 5th Floor Conference Room, 5:00 - 7:00 PM
Dec. 3, 1997 - Community Input/PWA Caucus, AIDS Office, 5th Floor Training Room-A, 5:00 - 7:00 PM
Dec. 3, 1997 - Housing, AIDS Office, 5th Floor Conference Room, 5:00 - 7:00 PM
Dec. 5, 1997 - Membership, AIDS Office, 5th Floor Conference Room, 9:00 - 11:00 AM
Dec. 10, 1997 - Housing Planning Session, AIDS Office, 3rd Floor Conference Room-A, 1:00 - 4:00 PM
Dec. 15, 1997 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 7:30 PM
Jan. 26, 1998 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 7:30 PM

San Francisco AIDS Foundation, 10 United Nations Plaza:

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San Francisco Department of Public Health, AIDS Office, 25 Van Ness:

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Mayor's HIV Health Services Planning Council

November 24, 1997

Minutes of Meeting

DRAFT

I. **Call to Order**: 4:40 PM

II. **Roll Call [1]**

III. **Approval of the Agenda:** the agenda was approved without changes.

IV. **General Announcements:**

A. *NN* announced that the AIDS Office is in the final stages of hiring for the HIV Health Services Director position. He added that the final CARE award is still unknown.

B. *LT* announced that there will be a HRSA conference call to discuss issues concerning Title I grantees and Planning Councils on **Tuesday, December 9 at 1:00.** It is asked that callers convene at one phone, so those interested should meet in *NN*'s office at **25 Van Ness Ave., fifth floor,** at that time. She distributed a sign-up sheet for those planning to attend.

C. *JB* reported that the HIV Comprehensive Care working group will be meeting in on **December 3 and 4 at the Miako Hotel in San Francisco.** These will be open meetings, including public comment time on the first day. All council and community members are welcome.

D. *DJ* announced that the Multi-Diagnosed Work Group recently held a forum for primary care and housing providers at the AIDS Office. The discussion was very productive, and those interested in reviewing the notes can talk to *DJ.*

V. **Public Comment:**

A. *Michael Lorro,* PLWH, reported that at a press conference in front of City Hall on November 24 Supervisor Ammiano called for Sunshine Ordinance regulations which currently apply to for-profit HIV/AIDS service organizations to become incumbent on non-profit organizations as well. These regulations include opening all board meetings to the public, which is an important step toward reform for the empowerment of PLWH.

VI. **Co-Chair Reports:**

A. *WC* announced that he holds proxies for *Matthew Sharp* and *Veronika Cauley* at this meeting. He also recalled that last year the council decided that members must announce and specify conflicts of interest before joining discussions to which they apply. He asked that this practice be reinstated as of this meeting.

BC asked if members should also announce conflicts before votes are held (and continue to abstain from those votes). *WC* replied that they should. *NN* noted that the AIDS Office keeps a record of council members' conflicts of interest, and reminded members to notify the AIDS Office in the advent of changes in that information. *WC* recalled that *Jim Illig,* of the Contractors Association and Project Open Hand, suggested in a Prioritization Meeting that the list of conflicts be distributed to council members before each vote. *NN* suggested that it be added to the binders. *DJ* added that one reason to announce conflicts before votes is to explain abstention.

B. *DJ* announced that *Barbara Garcia,* interim director of CSAS, has called for a meeting on **December 10, 10:00-12:00 at 101 Grove St.,** for co-chairs of the HIV Prevention Council, Planning Council, Treatment on Demand Council and members of community substance abuse services to discuss integration. This discussion will specifically focus on ways to integrate planning processes and the technical assistance which will be needed to do so.

C. *DJ* announced that the co-chairs would like for the December 15 full council meeting to be a combined holiday party and recognition party for *Laura Thomas, Danny Joe* and *Norm Nickens* for their work as co-chairs in the past year. This meeting, in addition to a regular meeting agenda, will include a festive mood and special holiday fare.

DJ reported that the new council co-chairs recently met with *TL* for a course on Roberts' Rules of order, to aid them in running council meetings. *TL* has agreed to record his observations regarding council meeting procedure and help the co-chairs use that information to develop an official procedure which suits this body.

D. *TC* distributed the letter regarding owner move-in evictions of PLWH, which the council agreed at its last meeting to send to the Board of Supervisors.

DRAFT

VII. **Committee Report:**

A. **Steering Committee:** the next meeting will be held **December 8, 5:00-7:00 at 25 Van Ness Ave.**

B. **Membership Committee:** *LT* reported that at its last meeting this committee identified the council members who are out of compliance with the attendance regulations. These members are currently being notified of their status. The committee is also determining reasons for non-compliance, such as HIV related illness and work conflicts, before asking members to step down. She also announced that membership forms are out, and at the next meeting applications will be reviewed and potential new members identified. The council will have the opportunity to review those chosen at its December 15 meeting. The Membership Committee will meet again on **December 5, 9:00-11:00 at 25 Van Ness Ave.** *MC* reminded committee co-chairs to return the committee attendance lists to himself or *Emily Coles*, of Polaris Research and Development, because they will be used to evaluate attendance each quarter. He also asked that each committee decide what information it wants to contribute to the orientation process in January.

C. **Planning Committee:** *LT* announced that this committee is currently discussing the Reductions Protocol, and has revised its criteria to better reflect the council's current priorities. To that end the Planning Committee, in conjunction with Evaluation and Assessment, will be adding information regarding severe need and the target populations, as identified by the council, to this document. The committee has also discussed integration of services and the centrality of primary care to the service system. The next meeting will be **December 11, 3:00-5:00 at 25 Van Ness Ave.**

D. **Evaluation and Assessment Committee:** next meeting **December 1, 5:00-7:00 at 25 Van Ness Ave.**

E. **PWA Caucus/Community Input Committee:** *TC* reported that at its recent meeting the committees examined the five-year plan and discussed recommendations regarding PWA participation at various levels. The Prioritization Committee's Planning Council support draft was also discussed, and will now be referred to the Steering Committee for review. The relationship between the PWA Caucus and Community Input Committee was examined, regarding which a recommendation will be referred to Steering. Suggestions will also be made to the Membership Committee regarding new member orientation. All recommendations will be reported to the council for discussion after being addressed by various committees. At its next meeting, on **December 3**, the PWA Caucus and Community Input Committee will develop standardized questions for the community forums to be held over the coming year, and would welcome the participation of all interested council members.

BC asked if the council will have the opportunity to discuss the community input process as a whole. *DJ* replied that that issue will be scheduled for the December 15 full council meeting, to which the PWA Caucus and Community Input Committee will bring their recommendations regarding that process.

VIII. **Prioritization Committee Report; Prioritization Evaluation and Integrated Services:**

A. **Prioritization Evaluation:**

DJ announced that 18 prioritization evaluation forms were returned, and will be summarized in the pre-meeting packet for the December council meeting. In reviewing these forms with Maria Ramos, of the Support Center, three things became clear: 1. the questionnaires should have been sent out earlier, 2. both process and content questions were included, and different council members focused differently on the two issues, 3. it is difficult to separate opinions about the information presented from those about the presenters themselves (or their presentation formats).

DJ gave a general summary of the opinions expressed:

Content Questions

- binders: not helpful, too bulky
- community input forums: helpful
- presentations (Jun-Aug): most liked the presentation on the impacts of new therapies, most disliked that on other funding. Many felt that the presentations were rushed, and some felt that presenters tried to tell the council what funding decisions to make.
- data: not much consensus, comments include: epi data is irrelevant in funding decisions, decisions made using needs assessments are based on pre-conceived notions and emotional factors.
- suggestions for presentations: one person would have liked more information on transportation, some expressed a desire for presentations on all service categories.

Process Questions

- small groups: largely disliked. Comments include: report-backs did not fully reflect discussions, poor questions for discussion and poor facilitation. Many people expressed the desire for more full council discussions. *DJ* recalled that one of the goals of small groups was to engage council members who are reluctant to speak in full council discussions, and if they are to be stopped then another way to do this should be discussed.
- Prioritization Committee planning of the retreat: mostly people felt the committee planned it well, but a few people disagreed strongly with that opinion.
- Planning Council support: AIDS Office, Support Center and Polaris staff were considered to be very helpful.

General Comments

- it is inappropriate for specific groups to solicit funding during the public comment sections of council meetings
- presentations on all the service categories would be useful
- prioritization should be a year-long process
- allow more time for discussions
- distribute funding proposals in advance so they can be considered and weighed before the retreat, and community members and contractors can also give input

Three questions have been developed for discussion at this time: 1. How do council members want to engage with each other (how can full participation be reached without breaking into small groups)? 2. What data is needed for prioritization? 3. How can prioritization be made into a year-long process?

Question 1.: *MD* suggested that the next time the council is asked to fill out evaluation forms there be time scheduled in a meeting to do that. He also suggested that with better questions and facilitation the small groups would work well. *SK* expressed the opinion that the small group questions have been too vague, leading to vague and unhelpful discussions. She suggested that assigning each group a different topic to discuss and report back to the full council may yield more concrete results. *GG* expressed the opinion that the main problem with small group discussion was poor integration of different groups' results. Full group discussion is superior because all comments are heard by all members. *KW* recommended that small groups be used occasionally, and allocated ample time in the meeting. He added that, in terms of ensuring full participation in council discussions, it is the co-chairs' job to facilitate such that all are included. *JC* agreed with *GG* that the groups did a poor job of representing their discussions in the report back time, and added that shy members are reluctant to speak in small groups as well as at the full council. *PC* suggested that for some discussions the council break into two groups, rather than several, and that these discussions be scheduled early in the meeting while members have the energy to fully participate. *TC* said that the council should consider alternative ways to receive member input, such as allowing written comments.

Question 2.: *SL* said that more extensive funding information about other sources would be useful to illustrate how CARE funding fits into the system as a whole. *PC* suggested that presenters be better prepared to deliver the information which will be most useful to the council, and perhaps provided with specific

questions in advance. *DJ* replied that the Prioritization Committee did try to prepare speakers for the types of questions which would be asked and the issues which should be addressed, but some disregarded that information. *KW* expressed the opinion that the epi data and needs assessments are useful, but should be presented in the context of past information in order to show trends. The council also needs specific information on where the funding goes in each service category. *SK* added that the council should examine the number of clients served in each category, where there are waiting lists etc. She also noted that many of the presentations this year were biased, and suggested that a non-biased party (such as the AIDS Office), be employed to help the council synthesize information. *JC* said that all the information received this year was useful, but was delivered in too short a time period to be fully utilized. Also, many providers lectured on the importance of their service, rather than explaining how CARE dollars can be used to meet the needs in their field. *JG* expressed the opinion that trend analysis should be done, which can be achieved by spreading out the information over the course of the year. *GG* agreed, and noted that the spreadsheets provided by *Russ Zellers*, of the AIDS Office, were very helpful, and over time can be compiled and used to assess trends.

Question 3.: *DJ* asked the council if the prioritization process could be made year-long by scheduling presentations periodically throughout the year. *LT* recalled that that has been done in the past, and worked well. *KW* observed that such a system would allow the council time to answer questions regarding specific presentations, which it did not have in the last prioritization process. *JG* suggested that each presentation include the provider perspective, patient perspective and trend analysis. *NN* observed that the council's dynamics have changed due to increased membership, and one of the changes is the greater disparity in knowledge of council members. *PC* expressed the opinion that presenters should be strongly encouraged to recommend funding cuts as well as additions. *KW* said that information should be presented on service categories, not specific agencies. *JG* gave kudos to the Prioritization Committee for its hard work and the improvements it has made on the prioritization process. *DJ* said that in its development of the 1998 work plan the Steering Committee will focus on creating a year-long prioritization process. She also noted that some AIDS Office staff have recommended making prioritization decisions multi-year, so that they need not be made as often. *LT* observed that in this year's process the amount of information, especially contract-level information provided by the Evaluation and Assessment Committee, was much better than in past years. She added that the council needs more time to discuss and evaluate that amount of information, and that this year much of the discussion of information which occurred at the committee level went un-reported to the full council.

B. Integration:

DJ admonished council members to read the grant proposal because it explains the AIDS Office staff's understanding of what the council means by integration of services and shows how the AIDS Office plans to apply the council's prioritization decisions. And unlike asking direct questions of AO staff regarding the RFP, the proposal explains all of this without the danger of disclosure. *NN* recalled that the grant proposal was distributed at the first council meeting in October, and mailed to those absent at that meeting.

NN announced that *Michelle Long Dixon*, of the AIDS Office, was scheduled to update the council on the RFP process at this meeting, but was unable to do so due to an illness in her family. He distributed a draft schedule for the RFP process, stressing that the dates presented are subject to change. However, the goal is to finish the first draft in the coming week, and release the final version on December 19. This timeline applies only to the RFP and contracts to be developed within it, not to those being modified. The contracts which will be re-negociated will begin March 1. He explained that the main source of information for the RFP is the grant application, which was developed based on the council's prioritization process, the August 23 retreat and other meetings held last summer. This document was made available to the council, and because the AIDS Office received no feedback regarding its content the staff had no reason to believe there would be a problem in using it to write the RFP. The other source documents for the RFP will be the Prioritization Committee minutes, particularly those for meetings at which integration was discussed.

NN explained that for the RFP to be released on December 19 it must be completed by December 12 in order to allow time to purchase advertisements in newspapers etc. After this release the contractors will have an

opportunity to answer any questions about it at the bidders conference in January. If at that time it appears that providers are unsure what is meant by integration, then the AIDS Office will be able to clarify it for them.

WC asked how the RFP reflects the council's prioritization discussions. *NN* explained that the RFP will contain different sections containing service categories (or parts thereof), which the council decided should be changed, and specifications of how they should change. *LT* recalled that at the November 17 meeting the AIDS Office staff expressed a desire for clarification on certain points of the prioritization decisions, and asked if questions still remain for the council. *NN* replied that the AIDS Office staff which is writing the RFP is clear on all the information necessary for that part of the process. The questions which remain mostly apply to internal issues around the award. *WC* asked when the council will see the RFP and be able to compare it to the plan. *NN* said that the council can see it December 19, with the rest of the community. Members who want a copy of the RFP should notify the AIDS Office. *DJ* noted that when the RFP is available the council will not only evaluate its accuracy in reflecting prioritization discussions and decisions, but the contract modification process, etc., as well. *KB* reminded the council that what is most important is not the process itself but the outcomes which result. Therefore, although the council will want to evaluate the RFP it will not be able to measure the success of the entire process until outcomes are known. *NN* added that it is the goal of the RFP to move the system to effect the outcomes which the council desires, and the responsibility of providers to decide how.

LT said that AIDS Office staff have expressed varying levels of confidence regarding the RFP. She asked if the staff present feel confident that they have enough information and understanding of the council's direction. *NN* replied that the varying levels of confidence may result from AIDS Office tension around the amount of work which must be done in a short time period. The staff who are closest to the RFP writing are clear on what it needs to contain, so perhaps those who express less confidence do so because they are less intimately involved. *LT* reflected that the council tried to effect many changes this year, without a great deal of thought to the implementation. Discussions of implementation occurred mostly at the committee level and were not reported back to the council. As a process note, she suggested that in the future these discussions be held at the full council level as well.

WC expressed the opinion that for the purposes of effecting the desired outcomes it is the council's responsibility to communicate its decisions to the AIDS Office as clearly as possible, and that of the AIDS Office staff to make sure their questions are answered. He reiterated *DJ*'s advise to read the grant application.

SL asked what can be done if a prioritization mistake is discovered during the quarterly report process which the Evaluation and Assessment Committee plans to begin. *WC* replied that the Planning Committee may be a good place to develop a format for addressing areas of concern, and specific questions or concerns which arise through the quarterly reviews can be discussed by the council as well. *NN* observed that the effects of this years' prioritization changes will not be apparent until well into the second quarter.

DJ expressed the opinion that some of the main weaknesses in this year's prioritization process were the timeline and the fact that several new members joined the council at the height of the process. She noted that the areas which receive funding cuts without modification will show effects sooner than others, and therefore be evaluated first.

New Business: none.

Adjournment: 7:25 PM

P = Present; A = Absent; E = Excused Absence; L = Leave of Absence; Y=Yes; N=No; B=Abstain R=Proxy					
	1		1		1
James Abrams	A	Mariam Farooq	E	Carmen Portillo	A
Kirsten Balano	P	Carol Gong	A	Ron Reynolds	P
Marianna Balquiedra	E	Gene Gowdey	P	Alissa Riker	P
Jeff Byers	P	John Gressman	P	Nilda Rodriguez	E
Virginia Cafaro	A	Dee Hampton	L	Joy Rucker	A
Tom Calvanese	P	Ron Hill	E	Barry Savage	L
William Carter	P	Danny Joe	A	Matthew Sharp	R
Bart Casimir	P	Diane Jones	P	Thomas Sinclair	E
Veronica Cauley	P	Susan Karp	P	Laura Thomas	P
Michael Chesek	P	Tony Leone	A	Rita Times	P
Pat Christen	P	Steve Lew	P	Brett VanBenschoten	A
John Conley	P	Norm Nickens	P	Kelly Wallace	P
Mark Dunlop	P			Mary Jane Wood	A

DRAFT

Note: *Will Carter* held proxies for *Veronika Cauley* and *Matthew Sharp* at this meeting.

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Dixon

MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL

December 15, 1997

San Francisco AIDS Foundation, 10 U.N. Plaza, 6th Floor Conference Room

AGENDA

I.	Call to Order	4:30 PM
II.	Roll Call	
III.	Review and Approval of Agenda	
IV.	Review and Approval of Minutes of 11/17/97 & 11/24/97	
V.	General Announcements	
VI.	Public Comment	
VII.	AIDS Office Report: send org chart w/next min.	4:50
VIII.	Committee Reports	5:00
	A. Evaluation and Assessment Committee: Report	
	B. Housing Committee:	
	C. Membership Committee: Approval of Nomination of New Members (VOTE)	5:10
	D. Planning Committee: Report	5:25
	E. Prioritization Committee:	
	F. Community Input Committee/PWA Caucus:	5:35
	1. Request for letter regarding PWA scholarships (VOTE)	
	2. Discussion of recommendation for the establishment of an ombudsperson office (VOTE)	
IX.	New Business	
X.	Co-chairs Report	
XI.	Holiday Party	6:15
XII.	Adjournment	7:15

Michael Retreat
Application
42, 43, 52 re: focus grps
P. 17 } Gary Memos
P. 28 } re

Deethampton resigning; 2 addtn. vacancies / Next mtg Jan 16
Coord w/Rent on Demand Council; Univ. Hlth Care Comm (Stat), & other DPH initiatives

Jan 10 Retreat

Up-coming Meetings:

Jan. 26, 1998 - Planning Council, SFAF, 10 UN Plaza, 6th Floor Conference Room, 4:30 - 7:30 PM

San Francisco AIDS Foundation, 10 United Nations Plaza:

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Mayor's HIV Health Services Planning Council

Minutes of Meeting

December 15, 1997

DRAFT

. **Call to Order**: 4:45 PM

I. **Roll Call [1]**

II. **Approval of the Agenda:** *MS* requested that the items requiring a vote be discussed earlier than scheduled because he needs to leave early. The agenda was approved with the Membership Committee and PWA Caucus moved to the beginning of the committee reports.

V. **Approval of 11/17 and 11/24 Council Minutes**: 11/17 minutes were approved without changes, *CG* and *JB* abstaining. *TL* noted that he was mistakenly marked absent for the 11/24 meeting. The 11/24 minutes were approved with the note that *TL*'s attendance will be corrected, *MB*, *MJW* and *CG* abstaining.

V. **General Announcements**:

A. *AR* distributed a letter addressed to *Dr. Mitch Katz*, of the DPH, asking him to publicly appose the police sweeps of Golden Gate park, which are having a very detrimental effect on the homeless community there. She asked council members to sign the letter. *MS* suggested that the letter be sent to the mayor as well. *LT* moved to officially endorse this letter and send it to both *Mitch Katz* and *Mayor Brown*. The council approved, *MB*, *DJoe*, *JC*, *MJW* and *NN* abstaining.

B. *LT* announced that the Mayor's HIV Summit will be held January 27. Several CARE Council members have been involved in the planning of the summit. The committees included will be: 1. Prevention 2. Access to Treatment 3. Adherence 4. Return to Work/Workplace Entry 5. Insurance 6. Testing 7. Surveillance. In addition there will be presentations on housing, future funding and the epidemiology of HIV in San Francisco. Council members will receive invitations to this summit.

C. *DJ* announced that last week *TC*, *WC* and herself met with *Dean Goodwin*, special assistant to the mayor, to discuss the CARE Council's recent prioritization process and this body's role in the HIV Summit. It was decided that the council co-chairs will request a meeting with the mayor before January 27 to discuss the council's various recommendations for the service delivery system and which of them he will vocally support at the summit. They will also address the recommendations which the summit planners are considering for the council, and how well they fit into the council's mandate. *DJ* suggested that the council members who have been involved in this process give a preview of issues and proposals to be addressed at the summit at the January 26 CARE Council meeting.

SL said that no information has yet been brought to the council because so far the issues being discussed by the Summit Committee do not directly relate to CARE. The only issue that will be included in the summit and is within this council's purview is "return to work". *TC* noted that the council members involved may provide a written overview of the summit before the January CARE Council meeting, which is just one day before the summit. *BC* announced that there will be a meeting on **December 16, 4:00 at 25 Van Ness Ave.** to discuss the recommendations which each of the seven committees will bring to the summit.

D. *MJW* announced that she recently attended the Title II working group meeting, where the possibility of combining Prevention Planning with the Title II working group was discussed. This issue is being considered by the state, but is not yet decided. The other main topic addressed at this meeting was how to construct the ideal case management system. A general consensus was reached that such a system must be a team approach which includes many different components and is accessible to all clients.

E. *JB* announced that the Title II grant has been received, and the state has been awarded $1.2 million less than last year. The concern which this allocation generates is for the safety of the ADAP program, about which more information will be available later.

TC asked how much of the Title II funding CARE is responsible for. *JB* replied that, including San Mateo and Marin it is $1.5 million. *LT* asked if the $1.2 funding reduction includes the ADAP award. *JB* said that it

does not, and in fact ADAP received more this year than last. *MJW* asked what percentage of the total is represented by the $1.2 million. *JB* replied that he is unsure, but the total allocation is about $30.8 million.

VI. **Public Comment:**

A. *Michael Petrelis*, PLWH, noted that it is difficult to hear all the discussion in this room and suggested that council members speak more loudly or use a microphone. In addition he cited the Reporters' Handbook on Media Law, in which it is stated that the Brown Act extends beyond the CARE Council to all CARE-funded organizations. Recognition of this fact should help open closed organizations. *Mr. Petrelis* also cited the CARE Council application for supplemental funding in fiscal year 1998, and expressed the opinion that the discussion of group transcripts on pages 42, 43 and 52 contains inaccurate data obtained from the AIDS Foundation. He also noted that on page 17 it is stated that MSMs account for 73% of the caseload, but apparently only 52.5% of the CARE Council (page 27), implying a 20% under-representation of gay men on the council. Finally, *Mr. Petrelis* read the statement "the only variation between the overall demographics of the council and that of the local epidemic is the under-representation of Hispanics" and said that this phrase should specify *gay* Hispanics.

TC observed that the second document to which *Mr. Petrelis* referred (the application for supplemental funding) has already been sent to Washington and is currently being reviewed for the award process. Regarding the problem of acoustics in the conference room, *DJ* announced that within a few months the council will be meeting elsewhere, and this issue will be considered in choosing the new location.

B. *Gary Virginia*, PWA affiliated with AIDS Benefits Counselors and AIDS Emergency Fund, expressed excitement about the new council leadership, the allowance of proxies for council members with HIV, and the current discussion of establishing an office of ombudsman. He noted that the HIV+ community needs an ombudsperson to raise the accountability of organizations which serve them.

VII. **AIDS Office Report:** *NN* distributed a list of the formula awards nation wide and informed the council that it has been reduced by 1%. The supplemental award has still not been released, but the most recent communication from HRSA was that it should be out by the end of December, or January 16 at the latest. Due to this delay the SF AIDS Office's RFP release date has been moved to January 6. A more extensive report on both the formula and supplemental awards will be given at the first council meeting in January.

VIII. **Committee Reports:**

A. **Membership Committee:** *SK* reported that the committee has now considered all of the 13 applications received for council membership, and decided to submit the following names to the mayor's office for the final decision: **HIV+ youth:** *Chris Boam*, *Johnnie Norway* and *Troy Bettencort* **HIV+ women**: *Linda O'Connor* and *Dorothy Bartolamucchi* **HIV+ gay Latinos**: *Fernando Chavez* and *Loraz Ojeda.* The committee prioritized consumers over providers in choosing these applicants, and although only three openings currently exist on the council all seven will be sent to the mayor's office, and those not appointed at this point will be kept for future openings. Thus new applications will not be reviewed until these seven candidates have been appointed, unless a position opens which none of them can fill.

MC announced that *Joy Rucker's* leave of absence has been approved, and *LT* added that a letter of resignation was recently received from *Dee Hampton. JC* asked if any non-San Francisco residents applied. *SK* responded that all applicants were from SF.

Gary Virginia, PLWH, noted that he applied for the CARE Council one year ago, and would like to apply again if a space opens that he could fill in terms of representation. *TC* said that the applications which can not fill the current spaces are on file and will be reviewed when a position for a different representation opens. *Michael Petrelis*, PLWH, suggested that the council discuss the possibility of setting term limits on members. *TC* replied that that issue can be raised at a Membership Committee meeting.

DJoe motioned to accept the Membership Committee's list of recommended candidates, to be sent to the mayor's office for a final decision. A vote was held and the motion passed unanimously **[2].**

MJW asked where the committee is in regards to the attendance records. *MC* replied that the next attendance review will be for the fourth quarter of 1997, and will occur in January.

The next Membership Committee meeting will be **January 16 at 25 Van Ness Ave.**

B. **PWA Caucus/Community Input:** *TL* distributed and reviewed a handout which outlines the issues discussed at its November 22 and December 3 meetings. He explained that issue #1 in the list from November 22 has been formed into a proposal that the council vote to add an ombudsperson/client advocacy program to the category of Planning Council Support. The remaining four items will be brought to the Steering Committee and then to the council in January. On December 3 the committee discussed the structure and roles of the PWA Caucus and Community Input Committee and developed language to describe the PWA Caucus. It has been proposed to Steering that the two groups be severed and community input made the responsibility of the entire council and all its committees. This proposal has been referred to the Steering Committee retreat in January. At this meeting the caucus also elected a new chair, *Tony Leone*.

TL reported that in January the Caucus will be working on the community forums and how to increase PWA inclusion on agency staff and boards. Also, the Caucus has requested that the council co-chairs sign a letter, drafted by the PWA Caucus, urging adequate publicization of scholarships for PLWH to attend the up-coming National AIDS Update Conference.

DJ clarified, regarding the five issues addressed at the November 22 committee meeting, that issues 2-5 will be addressed first by the Steering Committee at its retreat, and then recommendations brought to the council.

Letter to the National AIDS Update Conference: *RT* asked if the letter is gender-specific. *TL* read the letter out loud. *BVB* observed that the term "PWA" often excludes youth, and asked that it be replaced with "PLWH". The PWA Caucus accepted this change to the letter. A voice vote was held and passed unanimously.

Addition of an Office of Ombudsperson to Planning Council Support: *SL* asked if this office is intended to cover the entire range of grievances and grievance procedures. *TL* replied that at this point the Caucus proposes only that the council vote in support of the office, disregarding for the time being the issues of implementation, which will be addressed in January. Presently the Caucus is envisioning this office to be a place where consumers of CARE-funded services who have no other way to seek assistance can go for help with any issues or questions relating to grievances. If this office is CARE-funded then it will have direct reporting responsibilities to this body, giving the council greater input into its roles.

DJoe observed that the handout which was distributed lists item #1 as Planning Council Support, *including* the ombudsperson issue, and asked if other issues are involved in this vote. *TL* answered that no other issues are included in this discussion and vote. *DJ* furthered that this item is listed as Planning Council Support because that is the only funding category it fits into. *DJoe* asked if the council, after voting to support this idea, would have the opportunity to discuss it again, and in greater depth, and vote before it is implemented. *DJ* replied that it will, and explained that a vote to support the idea is being held because developing an implementation plan will be difficult and should not be undertaken without the assurance that implementation will be approved, in some form, by the council.

NN noted that the issue of an ombudsperson can be added to the RFP later, after it has been fully discussed and an implementation plan agreed upon. *TL* said that implementation will be discussed by the PWA Caucus at its January 6 meeting, and then again at the Steering Committee retreat. He informed the council that an RFP is already being developed within the AIDS Office according to recent Caucus discussions. Because this issue falls under Planning Council Support, the council will be allowed to read this RFP prior to its release.

JC expressed discomfort on voting without a clearer concept of what form this office will take. *TL* explained that several ideas for implementation have been raised, including contracting it to an agency or an individual, and the possibility that it will be a part-time position. At this point the council only needs to express support for the concept, not a specific form. *JC* said that before voting he would want to know how this office may effect or interact with other organizations which do similar work, such as the Human Rights Commission. *TL* replied that the goal is for this office to help clients navigate the various processes for filing complaints as

successfully as possible. This may include referring them to other agencies, helping them fill out grievance forms, etc.

MJW asked how much funding an office of ombudsperson would require and how it would effect the other services funded under Planning Council Support. *TL* explained that the amount allocated to this service will be decided by the council, and noted that currently none of the $250,000 in that category have been allocated.

SL suggested that the issue be discussed in more detail, and the proposal made more specific in terms of how this office will relate to other CARE-funded services and how it will mediate conflicts. *TC* said that one goal is for the ombudsperson to help clients resolve problems before they become grievances, and noted that often community members air their problems to the CARE Council because they do not know where else to go.

MB expressed the concern that this office would duplicate the functions already served by agencies' grievance procedures, and suggested that those procedures and their implementation be examined instead of creating a specific office of ombudsperson.

TL read the current wording of this proposal, subject to change: "From the PWA Caucus; The CARE Council supports the establishment of an office of ombudsperson to assist consumers of CARE-funded services with information on access to services and processing of their complaints and/or grievances, an implementation plan to be presented at the January CARE Council". *NN* asked who will develop the implementation plan. *TL* replied that it is being developed by the PWA Caucus, whose proposal will then be discussed at the Steering Committee retreat, after which the collective work of both bodies will be presented to the council for approval.

DJoe made a friendly amendment: add "for final vote" after "to be presented at the January CARE Council". The amendment was accepted. *KB* suggested that the proposal specify that the danger of duplication will be considered in planning the implementation, and steps taken to avoid it. *DJ* observed that duplication is one of several issues to be considered in creating the implementation plan. *SL* reminded the council that it can reject the plan even if it votes to support the concept today.

Jim Illig, of the Contractors Association and Project Open Hand, expressed the opinion that creation of an office of ombudsperson would be confusing to clients and its function would duplicate the AIDS Office in acting as a source of information and guidance regarding complaints. He noted that the AIDS Office is better suited for this role because it already has a relationship with the providers, and admonished the council to fund needs assessments instead of this office.

DJoe requested clarification of the relationship between the ombudsperson RFP timeline and that of the rest of the Planning Council Support category. *DJ* explained that the proposed ombudsperson implementation plan will be discussed at the Steering Committee retreat on January 10, along with several other Planning Council Support issues, at which time that proposal can be discussed in the context of the entire category. A proposal developed at the retreat regarding the ombudsperson issue will then be brought to the full council on January 26, after which the RFP for the entire category will be released as an addition to the original RFP (which will be released January 6).

Michael Petrelis, PLWH, expressed concern that many of council members have conflicts of interest around this issue. *NN* explained that no one has a conflict of interest because the issue effects all providers equally.

The motion restated: "From the PWA Caucus; the CARE Council supports the establishment of an office of ombudsperson to assist consumers of CARE-funded services with information on access to services and processing of their complaints and/or grievances, implementation plan to be presented at the January council for a final vote". A vote was held and the motion passed [3].

The next PWA Caucus meeting will be **January 7, 5:00-7:00 at 25 Van Ness Ave., room 330A.**

C. **Planning Committee**: *LT* reported that at its last meeting this committee discussed its work plan for the coming year, specifically the goal to begin evaluating external funding sources and ensure coordination between the CARE Council and other planning bodies within the DPH (particularly the substance abuse Treatment On Demand Council). The committee is discussing ways to create links and flow of information between the CARE Council and other DPH councils through attendance of meetings and reporting. The Planning Committee meets again on **January 8, 3:00-5:00 at 25 Van Ness Ave.**

D. **Prioritization Committee**: *DJ* announced that the committee has not met since the last council meeting, but that a written summary of the feedback received regarding the prioritization process will be included in the next pre-meeting packet.

E. **Evaluation and Assessment Committee**: *AR* informed the council that at the last meeting *Tia Martinez*, of the AIDS Office, gave a presentation on integrating the system of care, especially in the area of substance abuse. The committee also discussed its work plan and is tentatively planning to present UOS data to the full council in April. The committee will meet next on **January 5, 5:00-7:00 at 25 Van Ness Ave.**

X. **AIDS Office Report (continued)**:

Pat Reynolds, of the AIDS Office, informed the council that five candidates were interviewed for Director of Health Services, which includes the task of liaison to the CARE Council, and *Michelle Long Dixon* was chosen to fill the position.

DJ asked to whom *MLD* will report in the DPH. *PR* replied that she is the supervisor for this position. *DJoe* observed that the AIDS Office has recently undergone several staffing and organizational changes, and asked *PR* to outline its current structure. *PR* explained that the Health Department has split into two components: the Community Health Network, which includes hospital programs; and the Public Health Division. The latter of these, headed by *Bob Prentis*, is further broken down into three extensions: Prevention, Health and Safety and Community Health Services. The Prevention section is new, and aims to promote prevention efforts throughout the department, primarily in AIDS at this point. The Health and Safety section serves basic health officer roles, including health inspections, epidemiological studies etc. Community Health Services includes AIDS health services, mental health services, substance abuse services, maternal and child health, and the housing director. Most of the services contained in this extension are contracted. One of the primary goals of this new system, and the DPH in general, is to promote integration of services in order to facilitate the meeting of clients' needs. In the reorganization of the DPH several positions have opened, and are currently being filled.

DJoe asked who are the current directors of the various divisions. *PR* replied that *Barry Brinkley* is now the director of Prevention and reports to *Larry Meredith*, *Michelle Long Dixon* will be the director of Health Services and report to *Pat Reynolds* and her assistant *Norm Nickens*, and *Mitch Katz* is the director of Health and Safety and general coordinator of HIV/AIDS services. *WC* asked if the AIDS Office still exists, or has now been broken into different offices with different names. *NN* replied that these new divisions exist *within* the AIDS Office. *TC* requested that a chart of the new structure and staff members be sent to council members.

WC commended the AIDS Office on its choice of *Michelle Long Dixon* to serve as liaison to the CARE Council, and expressed confidence that she will do a great job.

New Business: *DJ* announced that the next full council meeting will be January 26, 1998, because the third Monday of that month is a holiday.

Co-Chairs' Report: *DJ* reminded the council that the Steering Committee will have a retreat on January 10, to which all members are invited (attendance is mandatory for committee chairs). She thanked *LT*, *DJoe* and *NN* for their work as this year's council co-chairs, *Maria Ramos* and *Emily Coles* for their work as Planning Council support staff and congratulated *Michelle Long Dixon* on her new position in the AIDS Office and *KB* for her imminent labor. *TC* thanked the council for its work toward the establishment of an ombudsperson. *LT* thanked council members who worked especially hard during this year's prioritization process, particularly *DJ*, *TC*, *WC* and *KB*.

Adjournment: 6:45 PM

DRAFT

P = Present; A = Absent; E = Excused Absence; L = Leave of Absence; Y=Yes; N=No; B=Abstain R=Proxy

	1	2	3		1	2	3		1	2	3
James Abrams	A			Mariam Farooq	L			Carmen Portillo	A		
Kirsten Balano	P	Y	Y	Carol Gong	P	Y	Y	Ron Reynolds	A		
Marianna Balquiedra	P	Y	N	Gene Gowdey	E			Alissa Riker	P	Y	Y
Jeff Byers	P	Y	Y	John Gressman	A			Nilda Rodriguez	P	Y	Y
Virginia Cafaro	A			Dee Hampton	L			Joy Rucker	L		
Tom Calvanese	P	Y	Y	Ron Hill	E			Barry Savage	E		
William Carter	P	-	Y	Danny Joe	P	Y	Y	Matthew Sharp	P	Y	-
Bart Casimir	P	Y	Y	Diane Jones	P	Y	Y	Thomas Sinclair	P	Y	Y
Veronica Cauley	A			Susan Karp	P	Y	Y	Laura Thomas	P	Y	Y
Michael Chesek	P	Y	Y	Tony Leone	P	Y	Y	Rita Times	P	Y	Y
Pat Christen	A			Steve Lew	P	Y	Y	Brett VanBenschoten	P	Y	Y
John Conley	P	Y	Y	Norm Nickens	P	Y	Y	Kelly Wallace	A		
Mark Dunlop	A							Mary Jane Wood	P	Y	Y

The Council meets on the third and fourth Mondays of each month, at the time and place noted above. All are welcome and have the opportunity to comment on Agenda items. The site is fully accessible, and assistive hearing devices and signing are provided upon adequate future notice. Minutes of meetings and all information distributed to Council members are available for inspection and copying. For further information, contact the Council's staff, 554-9136. For requests for excused absences, call Emily Coles at 777-3229. *Minutes of meetings are tentative until formally approved by the council.*

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